## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000003371

FILED Mar 30, 2007 Secretary of State

Entity Name: BONITA RIVER ENCLAVE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
5864 S.E. NDIANAP	ST. OLIS, IN 4622	7		
Current Mailing Address:		New Mailing Address:		
5864 S.E. NDIANAP	ST. POLIS, IN 4622	7		
El Number	: 20-1137351	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
VINER, S				
	ST ST. S, FL 33901	US		
T. MYER	S, FL 33901		ourpose of changing its registere	d office or registered agent, or both,
T. MYER	S, FL 33901 named entity se of Florida.		ourpose of changing its registere	d office or registered agent, or both,
T. MYER The above the State	S, FL 33901 named entityse of Florida.			d office or registered agent, or both,  Date
T. MYER The above In the State	S, FL 33901 named entityse of Florida.	submits this statement for the particles of Registered Agric Signature of Registered Agric	ent	
T. MYER The above In the State	s, FL 33901 named entity se of Florida. RE: Electror S AND DIREC	submits this statement for the particle Signature of Registered Agrands:  Delete RAIG E	ent	Date
The above in the State SIGNATUID STREET SITES In the State SIGNATUID STREET SITES IN THE SITE SITE SITES IN THE SITE SITE SITES IN THE SITE SITE SITES IN THE SITE SITE SITES IN THE SITE SITE SITE SITES IN THE SITE SITE SITES IN THE SITE SITE SITE SITES IN THE SITE SITE SITES IN THE SITE SITE SITE SITE SITES IN THE SITE SITE SITE SITES IN THE SITE SITE SITE SITES SITES IN THE SITE SITE SITE SITES SIT	S, FL 33901 e named entity se of Florida.  RE:  Electror S AND DIREC  D () FENNEMAN, CI 5864 S.E. ST. INDIANAPOLIS	submits this statement for the partic Signature of Registered Agronal Tors:  Delete RAIG E  IN 46227  Delete RLES W	ent  ADDITIONS/CHANGI  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG E. FENNEMAN D 03/30/2007