

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003817

FILED
Aug 11, 2005
Secretary of State

Entity Name: BONITA GOLF CLUB VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10611 WOODCHUCK LN
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

10611 WOODCHUCK LN
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FISCHER, PATRICK
10611 WOODCHUCK LN
BONITA SPRINGS, FL 34135 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FISCHER, PARTICK
Address: 10611 WOODCHUCK LN
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD () Delete
Name: CAPUTO, MARK
Address: 10660 WOOD IBIS AVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD () Delete
Name: THOMPSON, DONALD
Address: 10670 WOOD IBIS AVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD () Delete
Name: THOMPSON, SHERI
Address: 10670 WOOD IBIS AVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: GREGORY, PATTY BELL
Address: 10651 WOOD IBIS AVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICK FISCHER

PD

08/11/2005

Electronic Signature of Signing Officer or Director

Date