

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000005166



1. Entity Name
SAN BONITA FARMS HOMEOWNERS ASSOCIATION,
INC.

Principal Place of Business
855 SAN BONITA BLVD.
HAVANA, FL 32333

Mailing Address
855 SAN BONITA BLVD.
HAVANA, FL 32333

2. Principal Place of Business
2508 N Monroe St
Tallahassee, FL 32303
Suite, Apt. #, etc.

3. Mailing Address
2508 N Monroe St
Tallahassee, FL 32303
Suite, Apt. #, etc.

City & State
Tallahassee

City & State
Florida

Zip
32303

Country
USA

Zip
32303

Country
USA

6. Name and Address of Current Registered Agent

HATCHER, JIMMY L JR
855 SAN BONITA BLVD.
HAVANA, FL 32333

Name Jerry Wise

Street Address (P.O. Box Number is Not Acceptable)
2508 N Monroe St

City Tallahassee

FL Zip Code
32303

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/25/05

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HATCHER, THOMAS A
STREET ADDRESS 855 SAN BONITA BLVD.
CITY-ST-ZIP HAVANA, FL 32333

Delete

TITLE PD
NAME Jerry Wise
STREET ADDRESS 2508 N Monroe St
CITY-ST-ZIP Tallahassee, FL 32303

Change Addition

TITLE VD
NAME HATCHER, JIMMY L JR.
STREET ADDRESS 810 SAN BONITA BLVD.
CITY-ST-ZIP HAVANA, FL 32333

Delete

TITLE VD
NAME John Wise
STREET ADDRESS 2508 N Monroe St
CITY-ST-ZIP Tallahassee Fl. 32303

Change Addition

TITLE STD
NAME HATCHER, DONNA B
STREET ADDRESS 855 SAN BONITA BLVD.
CITY-ST-ZIP HAVANA, FL 32333

Delete

TITLE STD
NAME Janice Wise
STREET ADDRESS 3793 Chanticleer Ct
CITY-ST-ZIP Tallahassee Fl. 32311

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 385116
Date Daytime Phone #

**FILED
Apr 27, 2005 8:00 am
Secretary of State**

04-27-2005 90274 008 ****61.25

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04252005 Chg-NP CR2E037 (10/03)