

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # N04000005166</b>					
<b>1. Entity Name</b> SAN BONITA FARMS HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 855 SAN BONITA BLVD. HAVANA, FL 32333			<b>Mailing Address</b> 855 SAN BONITA BLVD. HAVANA, FL 32333		
<b>2. Principal Place of Business</b> 2508 N Monroe St Tallahassee, FL 32303 <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 2508 N Monroe St Tallahassee, FL 32303 <small>Suite, Apt. #, etc.</small>		14001643 	
<b>City &amp; State</b> Tallahassee Florida		<b>City &amp; State</b> Florida		<b>4. FEI Number</b>	
<b>Zip</b> 32303		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HATCHER, JIMMY L JR 855 SAN BONITA BLVD. HAVANA, FL 32333			<b>7. Name and Address of New Registered Agent</b> Name <u>Jerry Wise</u> Street Address (P.O. Box Number is Not Acceptable) 2508 N Monroe St City <u>Tallahassee</u> <u>FL</u> <u>32303</u>		
<b>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.</b> SIGNATURE <u>Jerry Wise</u> <span style="float: right;">4/25/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> HATCHER, THOMAS A <b>STREET ADDRESS</b> 855 SAN BONITA BLVD. <b>CITY - ST - ZIP</b> HAVANA, FL 32333	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Jerry Wise <b>STREET ADDRESS</b> 2508 N Monroe St <b>CITY - ST - ZIP</b> Tallahassee, Fl. 32303	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> HATCHER, JIMMY L JR. <b>STREET ADDRESS</b> 810 SAN BONITA BLVD. <b>CITY - ST - ZIP</b> HAVANA, FL 32333	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> John Wise <b>STREET ADDRESS</b> 2508 N Monroe St <b>CITY - ST - ZIP</b> Tallahassee Fl. 32303	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> HATCHER, DONNA B <b>STREET ADDRESS</b> 855 SAN BONITA BLVD. <b>CITY - ST - ZIP</b> HAVANA, FL 32333	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> STD <b>NAME</b> Janice Wise <b>STREET ADDRESS</b> 3793 Chanticleer Ct <b>CITY - ST - ZIP</b> Tallahassee Fl. 32311	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Jerry Wise</u>			Date <u>4/25/05</u> <span style="float: right;">3851166</span> <small>Daytime Phone #</small>		