

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 16, 2009
Secretary of State**

DOCUMENT# N05000001509

Entity Name: SAN MIRAGE AT BONITA SPRINGS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

265 AIRPORT RD S
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O R&P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104

New Mailing Address:

FEI Number: 35-2250557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: VPD () Delete
Name: PITKO, BRIAN
Address: 8960 COLONNADES CT E #992
City-St-Zip: BONITA SPRINGS, FL 34125

Title: PD () Delete
Name: BROWN, BOB
Address: 8880 COLONNADES COURT # 414
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: HICKS, RONALD
Address: 3500 CANDLEBERRY COURT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD () Delete
Name: ANDERSON, MARK
Address: 8851 COLONNADES CT W #1
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: HARGIE, MIKE
Address: 8870 COLONNADES CT W #316
City-St-Zip: BONITA SPRINGS, FL 34125

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 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: BOB BROWN

PD

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date