2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N05000005468

Entity Name: BOWLINE VILLAS ON LAKE MINOA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3809011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIGGS, WILLIAM T
2666 AIRPORT ROAD SOUTH
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR 04/27/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: TACKETT, JAMES E
Address: 2666 AIRPORT ROAD SOUTH
City-St-Zip: NAPLES, FL 34112

Title: DS ( ) Delete
Name: HIGGS, ANTONIA
Address: 2666 AIRPORT ROAD SOUTH
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete
Name: AGNELLI, JOHN J
Address: 2666 AIRPORT ROAD SOUTH
City-St-Zip: NAPLES, FL 34112

Title: T ( ) Delete
Name: LOIACANO, LISA
Address: 2666 AIRPORT ROAD SOUTH
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: TACKETT, JAMES E
Address: 3050 N HORSESHOE DR STE 105
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Change ( ) Addition
Name: HIGGS, ANTONIA
Address: 3050 N HORSESHOE DR STE 105
City-St-Zip: NAPLES, FL 34104

Title: VPD (X) Change ( ) Addition
Name: AGNELLI, JOHN J
Address: 3050 N HORSESHOE DR STE 105
City-St-Zip: NAPLES, FL 34104

Title: TD (X) Change ( ) Addition
Name: LOIACANO, LISA
Address: 3050 N HORSESHOE DR STE 105
City-St-Zip: NAPLES, FL 34104

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: JAMES E TACKET PD 04/27/2006
Electronic Signature of Signing Officer or Director Date