

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010115

FILED
May 01, 2008
Secretary of State

Entity Name: BONITA BEACHWALK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4450 BONITA BEACH RD.
SUITE 6
BONITA SPRINGS, FL 34134

New Principal Place of Business:

1044 CASTELLO DR., STE. 206
NAPLES, FL 34103

Current Mailing Address:

3200 TAMIAMI TRAIL NORTH
SUITE 200
NAPLES, FL 34103

New Mailing Address:

1044 CASTELLO DR., STE 206
NAPLES, FL 34103

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:

WOODWARD, MARK J ESQ.
3200 TAMIAMI TRAIL NORTH, SUITE 200
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR., STE. 206
NAPLES, FL 34103 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: STEPHEN E. WILLIAMS

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, MICHAEL J
Address: 27615 IMPERIAL RIVER ROAD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: PONTASCH, WALTER A
Address: 175 CENTER ST.
City-St-Zip: NAPLES, FL 34108

Title: STD () Delete
Name: VESPI, FRANK
Address: 1955 MISSION DR.
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHILLI, THOMAS
Address: 27524 HICKORY BLVD
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD (X) Change () Addition
Name: DAVIS, MICHAEL
Address: 27615 IMPERIAL RIVER ROAD
City-St-Zip: NAPLES, FL 34134

Title: STD (X) Change () Addition
Name: LOCKWOOD, MICHAEL
Address: C/O 27524 HICKORY BLVD
City-St-Zip: BONITA SPRINGS, FL 34134

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: THOMAS R. SCHILLI

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05/01/2008

Electronic Signature of Signing Officer or Director

Date