

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010115

FILED
Apr 22, 2009
Secretary of State

Entity Name: BONITA BEACHWALK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1044 CASTELLO DR., STE 206
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-5968153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR., STE. 206
NAPLES, FL 34103 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: PD () Delete
Name: SCHILLI, THOMAS
Address: 27524 HICKORY BLVD
City-St-Zip: BONITA SPRINGS, FL 34134

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LOCKWOOD, ROBERT
Address: 17 MORAN AVE.
City-St-Zip: PRINCETON, NJ 08546

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MARCHETTI, JAMES
Address: 216 S. MADISON AVE., #205
City-St-Zip: PASADENA, CA 91101

Title: D () Change (X) Addition
Name: RUEBSAM, ROBERT
Address: 3117 PARC RIDGE LANE
City-St-Zip: ST. LOUIS, MO 63139

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: TOM SCHILLI

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date