2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07041

FILED Mar 13, 2008 Secretary of State

Entity Name: BONITA BAY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

9990 COCONUT RD STE 200

BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

9990 COCONUT RD STE 200

BONITA SPRINGS, FL 34135 US

FEI Number: 59-2497446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACKIE, PAMELA S WHITNEY, SCOTT R

9990 COCONUT RD SUITE 200 BONITA SPRINGS, FL 34135 US 9990 COCONUT RD SUITE 200 BONITA SPRINGS, FL 34135 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: SCOTT R. WHITNEY 03/13/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 GARON, JOEY
 Name:
 GARON, JOSEPH B

 Address:
 9990 COCONUT RD, STE 200
 Address:
 9990 COCONUT RD, STE 200

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 City-St-Zip:
 BONITA SPRINGS, FL 34135

Title: STD () Delete Title: () Change () Addition

 Name:
 DONATHAN, BILL
 Name:

 Address:
 9990 COCONUT RD STE 200
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 City-St-Zip:

Title: DVP () Delete Title: () Change () Addition

 Name:
 LEETE, ROBIN
 Name:

 Address:
 9990 COCONUT RD STE 200
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 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: JOSEPH B. GARON P 03/13/2008