

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 08, 2009
Secretary of State

DOCUMENT# N07041

Entity Name: BONITA BAY COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**9990 COCONUT RD
STE 200
BONITA SPRINGS, FL 34135 US**New Principal Place of Business:****Current Mailing Address:**9990 COCONUT RD
STE 200
BONITA SPRINGS, FL 34135 US**New Mailing Address:****FEI Number:** 59-2497446**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WHITNEY, SCOTT R
9990 COCONUT RD SUITE 200
BONITA SPRINGS, FL 34135 US**Name and Address of New Registered Agent:**DUMAS, GARY
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: GARY DUMAS

10/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: GARON, JOSEPH B
Address: 9990 COCONUT RD, STE 200
City-St-Zip: BONITA SPRINGS, FL 34135**Title:** DST () Delete
Name: SPENCER, TERRI
Address: 9990 COCONUT RD STE 200
City-St-Zip: BONITA SPRINGS, FL 34135**Title:** DVP () Delete
Name: LEETE, ROBIN
Address: 9990 COCONUT RD STE 200
City-St-Zip: BONITA SPRINGS, FL 34135**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DVP (X) Change () Addition
Name: DUMAS, GARY
Address: 9990 COCONUT RD STE 200
City-St-Zip: BONITA SPRINGS, FL 34135

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: GARY DUMAS

VP

10/08/2009

Electronic Signature of Signing Officer or Director

Date