## 2005 NOT-FOR-PROFIT CORPORATION ... ANNUAL REPORT (AR)

## Apr 27, 2005 8:00 am Secretary of State DOCUMENT # N09208 04-27-2005 90321 007 \*\*\*\*61.25 WILD PINES OF BONITA BAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 27800 OLD 41 ROAD BONITA SPRINGS FL 34135 27800 OLD 41 ROAD BONITA SPRINGS FL 34135 14000390 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2730077 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BACHMAN, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 27800 OLD 41 ROAD **BONITA SPRINGS FL 34135** City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PSORANUS THLE Delete TITLE Change ☐ Addition SORANNO, VITO. # 3661 WILD PINES DR. # A. 302 SARRANO, VITO NAME NAME 3661 WILD PINES DR., #302 STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34134 Bonita Springs FL 34134 CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete ☐ Change ☐ Addition TREFETHEN, SUE NAME 3661 WILD PINES DR., #A-201 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition BUBLITZ, GUS NAME NAME 3631 WILD PINES DR., #D207 STREET ADDRESS STREET ADDRESS BONITA SPRINGS FL 34134 CITY-ST-7(P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition GUARASCI, LEA NAME NAME 3651 WILD PINES DR., #B-205 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition HER Miller, HERB 3651 WILD PINESDR. # B307 MILLER, HERB NAME NAME 3651 WILD PINES DRIVE #307 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34134** Bonita Springs & 34134 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 sustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**FILED**