

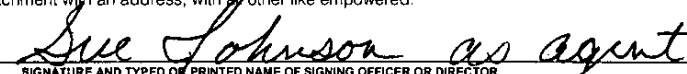


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90001 028 \*\*\*\*61.25

<b>DOCUMENT # N09208</b> 1. Entity Name <b>WILD PINES OF BONITA BAY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>27800 OLD 41 ROAD BONITA SPRINGS, FL 34135 US</b>			Mailing Address <b>27800 OLD 41 ROAD BONITA SPRINGS, FL 34135 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2730077</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BACHMAN, ROBERT A</b> <b>27800 OLD 41 ROAD</b> <b>BONITA SPRINGS, FL 34135</b>				7. Name and Address of New Registered Agent Name <b>STERLING PROPERTY SERVICES LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>27800 OLD 41 ROAD</b> City <b>BONITA SPRINGS</b> <b>FL</b> Zip Code <b>34135</b>	
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  <b>J.S. O'GORMAN</b> <b>7/5/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SORANNO, VITO</b> <b>3661 WILD PINES DRIVE A 302</b> <b>BONITA SPRINGS, FL 34134</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Dennis Burke</b> <b>7 North Old Mill Lane</b> <b>Burr Ridge, IL 60527</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>TREFETHEN, SUE</b> <b>3661 WILD PINES DR., #A-201</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PHIL HEARING</b> <b>3661 WILD PINES DR. #A106</b> <b>BONITA SPRINGS, FL 34134</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BUBLITZ, GUS</b> <b>3631 WILD PINES DR., #D207</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Richard Fioretti</b> <b>1683 Persimmon Drive</b> <b>Naples, FL 34109</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, HERB</b> <b>3651 WILD PINES DRIVE # B-307</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Richard Fioretti</b> <b>1683 Persimmon Drive</b> <b>Naples, FL 34109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, HERB</b> <b>3651 WILD PINES DRIVE # B-307</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, HERB</b> <b>3651 WILD PINES DRIVE # B-307</b> <b>BONITA SPRINGS, FL 34134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.					
SIGNATURE:  <b>Sue Johnson as agent</b> <b>7-5-06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40098773



07052006 Chg-NP CR2E037 (4/06)