


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90076 010 \*\*\*\*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>
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**40074717**

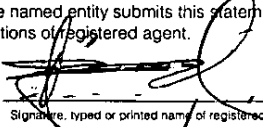
2. Principal Place of Business - No P.O. Box # <b>27180 Bay Landing Dr</b> Suite, Apt. #, etc. <b>Ste 4</b> City & State <b>BONITA SPRINGS FL</b> Zip <b>34135</b> Country <b>USA</b>	3. Mailing Address <b>27180 Bay Landing Dr</b> Suite, Apt. #, etc. <b>Ste 4</b> City & State <b>BONITA SPRINGS FL</b> Zip <b>34135</b> Country <b>USA</b>
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01242008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2730077</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>STERLING PROPERTY SERVICES LLC 27800 OLD 41 ROAD 27180 BAY LANDING DR #4 BONITA SPRINGS, FL 34135</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.

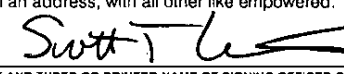
SIGNATURE  DATE **4/17/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HEARING, PHILLIP</b> <b>3651 WILD PINES DR. B#B207</b> <b>BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUARASCI, LEA</b> <b>3651 WILD PINES DR., #B-205</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FIORETTI, RICHARD</b> <b>1683 PERSIMMON DRIVE</b> <b>NAPLES, FL 34109</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHASTEEN, TOM</b> <b>91900 OVERSEAS HIGHWAY</b> <b>TAVERNIER, FL 33070</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 all other like empowered.

**SIGNATURE:**  **Scott Trefethen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #