

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90078 010 ****61.25

DOCUMENT # N12102 1. Entity Name BONITA BEACH PLANTATION HOUSE CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business BONITA BEACH PLANTATION HOUSE 5220 BONITA BEACH RD #100 BONITA SPRINGS, FL 34134 US			Mailing Address BONITA BEACH PLANTATION HOUSE 5220 BONITA BEACH RD #100 BONITA SPRINGS, FL 34134 US			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2614310		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent THURSTON, CARROLL L 5220 BONITA BEACH RD., SW UNIT 100 BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DCS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLA, GEORGE			NAME		
STREET ADDRESS	301 BERKSHIRE DRIVE			STREET ADDRESS		
CITY-ST-ZIP	LAKE VILLA, IL 60046			CITY-ST-ZIP		
TITLE	DV <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENEVIDES, JOSEPH			NAME		
STREET ADDRESS	5220 BONITA BEACH RD S.W. # 307			STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP		
TITLE	DRS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAIL, BETTY			NAME		
STREET ADDRESS	5220 BONITA BEACH RD., SW #409			STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THURSTON, CARROLL			NAME		
STREET ADDRESS	4570 LONG POINT DRIVE			STREET ADDRESS		
CITY-ST-ZIP	CHEBOYGAN, MI 497219624			CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PESCHIER, JOHN			NAME		
STREET ADDRESS	60 BUCKWOOD DR.			STREET ADDRESS		
CITY-ST-ZIP	SOUTH YARMOUTH, MA 02664			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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: <i>Elizabeth M. Vail Sec. BOD</i>				Date 2-22-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Daytime Phone # 239-947-1777		