

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21267

FILED
Mar 28, 2009
Secretary of State

Entity Name: WILD PINES OF BONITA BAY, BUILDING "E", CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17595 S. TAMiami TRAIL
100
FORT MYERS, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

17595 S. TAMiami TRAIL
100
FORT MYERS, FL 33914 US

New Mailing Address:

FEI Number: 65-0029231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, AMY M
PEGASUS PROP MGMT
17595 S TAMiami TRAIL STE 100
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

ALLEN, STEVEN
PEGASUS PROP MGMT
17595 S TAMiami TRAIL STE 100
FORT MYERS, FL 33908 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: S ALLEN

03/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLOWER, CHRISTOPHER
Address: 3611 WILD PINES DR E 111
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD () Delete
Name: GLICKSBURG, JANE
Address: 3621 WILD PINES DRIVE E207
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD () Delete
Name: JAARDA, JEFFERY
Address: 3621 WILD PINES DR E209
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD () Delete
Name: BORTHWICK, DONALD
Address: 3621 WILD PINES DR #208
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: GALLAGHER, DAVID
Address: 3621 WILD PINES DR E 211
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVE ALLEN

A

03/28/2009

Electronic Signature of Signing Officer or Director

Date