

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21267

FILED
Apr 13, 2010
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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SAllen

A

04/13/2010

Electronic Signature of Signing Officer or Director

Date