


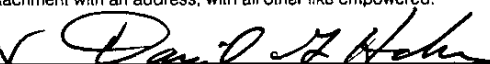


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90207 016 \*\*\*\*61.25

<b>DOCUMENT # N28082</b> 1. Entity Name <b>THE CROSSINGS OF BONITA BAY NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business 27800 OLD 41 BONITA SPRINGS, FL 34135 US			Mailing Address 27800 OLD 41 BONITA SPRINGS, FL 34135 US		
%Gulf Breeze Mgmt. Svcs. of			%Gulf Breeze Mgmt. Svcs. of		
2. Principal Place of Business <b>SW FL, LLC</b> <b>8910 Terrene Court</b> Suite, Apt. #, etc. <b>Suite 200</b>		3. Mailing Address <b>SW FL, LLC</b> <b>8910 Terrene Court</b> Suite, Apt. #, etc. <b>Suite 200</b>			
City & State		City & State		02092006 Chg-NP CR2E037 (11/05)	
Zip		Zip		4. FEI Number <b>65-0119637</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BACHMAN, ROBERT</b> <b>27800 OLD 41</b> <b>BONITA SPRINGS, FL 34135</b>			7. Name and Address of New Registered Agent <b>Weidner, Ralph L.</b> <b>%Gulf Breeze Management Services of SW FL, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>8910 Terrene Court</b> <b>Suite 200</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>Ralph L. Weidner</b>		3/14/06
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>HAKES, DAVID</b> <b>3280 CROSSING CRT #23</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	VPD <b>OLDS, LARRY</b> <b>3271 CROSSINGS CT #102</b> <b>BONITA SPRINGS, FL 34134</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Brennan, Leona</b> <b>3331 Crossings Court, #103</b> <b>Bonita Springs, FL 34134</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>NELSON, EARL</b> <b>3350 CROSSING CT #561</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HORSEMAN, DARRYL</b> <b>3331 CROSSING CT #301</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Horsman, Darryl</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STEDRONSKI, ROGER</b> <b>3261 CROSSING CT #102</b> <b>BONITA SPRINGS, FL 34134</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <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: 			<b>David G. Hakes</b>		3/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # <b>vb</b>