
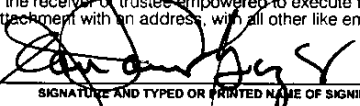


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90021 043 ****61.25

DOCUMENT # N28082 1. Entity Name THE CROSSINGS OF BONITA BAY NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business %GULF BREEZE MGMT SVCS OF SW FL., LLC 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135 US			Mailing Address %GULF BREEZE MGMT SVCS OF SW FL., LLC 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0119637	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RALPH L WEIDIRE C/O GULF BREEZE MGMT LLC 8910 TERRENE CT SUITE 200 BONITA SPRINGS, FL 34135				Name Ralph L. Weidner (SPELLING CORRECTION ONLY) Street Address (P.O. Box Number is Not Acceptable) %Gulf Breeze Mgmt. SVCS of SW FL., LLC 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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D HAKES, DAVID 3280 CROSSING CRT #23 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Nelson, Earl 3330 Crossings Ct., #506 Bonita Springs, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, BRUCE 3280 CROSSINGS CT #22 BONITA SPRINGS, FL 34134	<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	SD STAMP, DON 3280 CROSSINGS CT #602 BONITA SPRINGS, FL 34134	<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	TD HORSMAN, DARRYL 3331 CROSSING CT #301 BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEDRONSKI, ROGER 3261 CROSSING CT #102 BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bergold, Jean 3291 Crossings Ct., #202 Bonita Springs, FL 34134	
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: 			Jean Bergold <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			3/12/08 <small>Date</small>		
			239 948 9752 <small>Daytime Phone #</small>		

vb