

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90149 024 ****61.25

DOCUMENT # N28083

1. Entity Name

**THE GOLF TOWERS AT THE CROSSINGS OF BONITA
BAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

WBG S.W. FLORIDA, INC.
27800 OLD 41 ROAD
BONITA SPRINGS FL 34135
US

Mailing Address

WBG S.W. FLORIDA, INC.
27800 OLD 41 ROAD
BONITA SPRINGS FL 34135
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0119641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACHMAN, ROBERT

~~3461 BONITA BAY BLVD~~

~~SUITE 101~~

BONITA SPRINGS FL 34134

Name

Street Address (P.O. Box Number is Not Acceptable)

27800 Old 41 Road

City

Bonita Springs FL

Zip Code

34135

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	D	<input type="checkbox"/> Delete
NAME	COOK, HOBART	
STREET ADDRESS	3330 CROSSINGS COURT #501	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	President	<input type="checkbox"/> Delete
NAME	REMIG, ERNEST	
STREET ADDRESS	3330 CROSSINGS COURT #402	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CREED, PAULA	
STREET ADDRESS	3330 CROSSINGS CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PINTI, JOHN	
STREET ADDRESS	3330 CROSSINGS CT., 502	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARNOCHA, JEAN	
STREET ADDRESS	3330 CROSSINGS CT #PH2	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOOTE, MICHAEL	
STREET ADDRESS	3330 Crossings Ct. #203	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGIANNA GIMBEL	
STREET ADDRESS	3330 Crossings Ct. #506	
CITY-ST-ZIP	Bonita Spgs FL 34134	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #