



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90047 013 ****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 - No P.O. Box # <i>Sterling Property Serv.</i>		3. Mailing Address <i>Sterling Property Serv.</i>		40123538 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 65-0119641	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERLING PROPERTY SERVICES 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COOK, HOBART <input type="checkbox"/> Delete 3330 CROSSINGS COURT #501 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REMIG, ERNEST <input type="checkbox"/> Delete 3330 CROSSINGS COURT #402 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FOOTE, MICHAEL <input type="checkbox"/> Delete 3330 CROSSINGS CT BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NOYCE, DICK <input type="checkbox"/> Delete 3330 CROSSING COURT SUITE 603 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARNOCHA, JEAN <input type="checkbox"/> Delete 3330 CROSSINGS CT #PH2 BONITA SPRINGS, FL 34134				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <i>Lee Johnson as agent 7-3-07</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					