

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30833

FILED
Apr 17, 2008
Secretary of State

Entity Name: MONTARA BONITA BAY ASSOCIATION, INC.

Current Principal Place of Business:

% SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE, SUITE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

%SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DRIVE, SUITE 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0165710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, STEVEN
%SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR., SUITE 206
NAPLES, FL 34103 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: PD () Delete
Name: VOGEL, JOANN
Address: 3352 MONTARA DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: WRIGHT, JEANNE
Address: 3327 MONTARA DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD () Delete
Name: JENNINGS, BILL
Address: 3288 MONTARA DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: OLIVA, JOE
Address: 3330 MONTARA DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: CAVALIERE, CHARLIE
Address: 3237 MONTARA DR
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JAFFER, HARVEY
Address: 3280 MONTARA DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JO ANN VOGEL

P

04/17/2008

Electronic Signature of Signing Officer or Director

_____ Date