


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

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90008 012 ****61.25

DOCUMENT # N36282	
1. Entity Name	
BONITA VISTA BAYSIDE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
2199 SERPENTINE CIRCLE SOUTH ST. PETERSBURG FL 33712 US	2199 SERPENTINE CIRCLE SOUTH ST. PETERSBURG FL 33712 US

2. Principal Place of Business	3. Mailing Address
951 SOUTH BAYSHORE BLVD. Suite, Apt. #, etc.	951 SOUTH BAYSHORE BLVD. Suite, Apt. #, etc.

City & State	City & State
SAFETY HARBOR, FL	SAFETY HARBOR FL
Zip	Zip
34695	34695
Country	Country
USA	USA



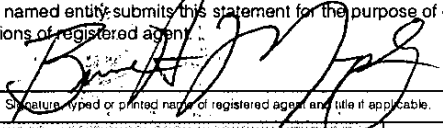
1st MOORE CR2E037 (10/04)

4. FEI Number	Applied For
59-3110146	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GULKIS, JULIE 2199 SERPENTINE CIRCLE SOUTH ST. PETERSBURG FL 33712	

7. Name and Address of New Registered Agent	
Name: BRUCE MURPHY	
Street Address (P.O. Box Number is Not Acceptable): 951 SOUTH BAYSHORE BLVD.	
City: SAFETY HARBOR	Zip Code: 34695

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: 	DATE: 3/28/05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MURPHY, BRUCE
STREET ADDRESS	951 S. BAYSHORE BLVD.
CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GULKIS, JULIE
STREET ADDRESS	2199 SERPENTINE CIRCLE SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL 33712
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	GULKIS, DENNIS
STREET ADDRESS	2199 SERPENTINE CIRCLE SOUTH
CITY-ST-ZIP	ST. PETERSBURG FL 33712
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Murphy
STREET ADDRESS	951 S. Bayshore Blvd.
CITY-ST-ZIP	Safety Harbor FL 34695
TITLE	<input 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	
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 #