

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 27, 2008  
Secretary of State**

DOCUMENT# N36282

Entity Name: BONITA VISTA BAYSIDE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

951 SOUTH BAYSHORE BLVD  
SAFETY HARBOR, FL 34695 US

**New Principal Place of Business:**

**Current Mailing Address:**

951 SOUTH BAYSHORE BLVD  
SAFETY HARBOR, FL 34695 US

**New Mailing Address:**

FEI Number: 59-3110146      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURPHY, BRUCE  
951 SOUTH BAYSHORE BLVD  
SAFETY HARBOR, FL 34695 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: D ( ) Delete  
Name: MURPHY, BRUCE  
Address: 951 S. BAYSHORE BLVD.  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: RYDER, JIM  
Address: 953 S. BAYSHORE BLVD  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: BRUCE H MURPHY

MR.

02/27/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date