

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90092 046 ****61.25

DOCUMENT # N39292

1. Entity Name
THE GREENS OF BONITA SPRINGS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**187 FOREST LAKES BLVD.
 NAPLES, FL 34105**

Mailing Address
**187 FOREST LAKES BLVD.
 NAPLES, FL 34105 US**

20028579



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

Zip Country

4. FEI Number
65-0246765

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRACEY, ROBERT T.
 187 FOREST LAKES BLVD.
 NAPLES, FL 34105**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

| | | |
|----------------|--------------------------|--------------------------------------------|
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | LENARD, LUBKING | |
| STREET ADDRESS | 25220 GOLF LAKE CIR | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PARKS, RONALD | |
| STREET ADDRESS | 25189 GOLF LAKE CIR | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | |
| TITLE | AST | <input type="checkbox"/> Delete |
| NAME | GRACEY, ROBERT | |
| STREET ADDRESS | 187 FOREST LAKES BLVD. | |
| CITY-ST-ZIP | NAPLES, FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | ASPINWALL, PETER | |
| STREET ADDRESS | 25235 GOLF LAKE CR | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MOORE, THOMAS | |
| STREET ADDRESS | 25161 GOLF LAKE CIRCLE | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | HARTCORN, WARREN | |
| STREET ADDRESS | 25198 GOLF LAKE CR | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------------|------------------------------------------------------------------------------|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CRAM, RICHARD | |
| STREET ADDRESS | 25243 GOLF LAKE CIRCLE | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | |
| 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 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: Robert Gracey **Date:** 4/10/06 **Daytime Phone #:** 239-649-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR