


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90021 009 ****61.25

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|--|--|--|--|---|--|
| DOCUMENT # N40831 1. Entity Name WATERFORD AT BONITA BAY ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 3331 GLEN CARIN COURT BONITA SPRINGS, FL 34134 US | | | Mailing Address 27499 RIVERVIEW CENTER BLVD SUITE 207 BONITA SPRINGS, FL 34134 US | | |
| 2. Principal Place of Business - No P.O. Box # <div style="display: flex; justify-content: space-between;"> <div> Suite, Apt. #, etc. City & State Zip Country </div> <div style="text-align: center;">  INDEPENDENT MANAGEMENT LLC 27299 Riverview Center Bl. #102 Bonita Springs, FL 34134 </div> </div> | | | | | |
| 3. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | 4. FEI Number 65-0247860 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div>  INDEPENDENT MANAGEMENT LLC 27299 Riverview Center Bl. #102 Bonita Springs, FL 34134 </div> <div> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> </div> </div> | | | 7. Name and Address of New Registered Agent <div style="display: flex; justify-content: space-between;"> <div> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> </div> <div> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> </div> </div> | | |
| 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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div> DATE 3/25/08 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROGER, KEMPER 3321 GLEN CAIRN CT #201 BONITA SPRINGS, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | NED GAFFNEY, VP 3301 GLEN CAIRN CT #104 BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FRAN, SHEPHERD 3320 GLEN CAIRN COURT #202 BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRS. DARYL, RYND 3311 GLEN CAIRN CT #104 BONITA SPRINGS, FL | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MIKE HIGGINS 3330 GLEN CAIRN CT #202 BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JOHN, KOZACKI 3310 GLEN CAIRN CT #101 BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIR DOROTHY, GROWNEY 3311 GLEN CAIRN CT #203 BONITA SPRINGS, FL 34134 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MILLER, ROBERT 3331 GLEN CAIRN #201 BONITA SPRINGS, FL 34134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRS. | <input checked="" 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 3/28/08 <small>Daytime Phone #</small> | | |