

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44276

FILED
Jan 31, 2009
Secretary of State

Entity Name: LOST LAKE AT BONITA BAY PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8910 TERRENE CT
STE 200
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

%GULF BREEZE MGMT. SVCS., OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

8910 TERRENE CT
STE 200
BONITA SPRINGS, FL 34135 US

New Mailing Address:

%GULF BREEZE MGMT. SVCS., OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0286740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIDNER, RALPH L
GULF BREEZE MGMT SRVCS OF SW FL, LLC
8910 TERRENE CT, STE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WEIDNER, RALPH L
GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

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:

01/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WISNER, DONALD J
Address: 27105 LOST LAKE LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: RABER, MARY LOU
Address: 27140 LOST LAKE LANE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD () Delete
Name: FAUDE, WILLIAM D
Address: 27160 LOST LAKE LANE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DONALD J. WISNER

PRES

01/31/2009

Electronic Signature of Signing Officer or Director

Date