2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N44576

Entity Name: LAKESIDE AT BONITA BAY ASSOCIATION, INC.

Current Principal Place of Business:

4001 WHISKEY POINTE LANE
101
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

4001 WHISKEY POINTE LANE
101
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 65-0335550 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAY, GERALD
4001 WHISKEY POINTE LANE
101
BONITA SPRINGS, FL 34134 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: VD ( ) Delete
Name: BEATTIE, ED
Address: 4081 BAYHEAD DRIVE # 204
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD ( ) Delete
Name: GRAY, GERALD
Address: 4001 WHISKEY POINTE LANE 101
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD ( ) Delete
Name: ROLL, ROBERT
Address: 4001 WHISKEY POINTE LN #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD ( ) Delete
Name: KROPP, DOROTHY
Address: 4081 BAYHEAD DR., #102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD ( ) Delete
Name: ONACHILLA, MIKE
Address: 4081 BAYHEAD DR., #202
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: BEATTIE, ED
Address: 4081 BAYHEAD DRIVE # 104
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GERALD GRAY SD 01/08/2009

Electronic Signature of Signing Officer or Director — Date