

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90295 002 ****61.25

DOCUMENT # N46488

1. Entity Name
**OAKWOOD CARRIAGE HOMES AT BONITA BAY
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**THE WARNER CORPORATION
886 110TH AVE. NORTH, SUITE 7
NAPLES, FL 34108 US**
%Gulf Breeze Mgmt. Svcs. of

Mailing Address
**THE WARNER CORPORATION
886 110TH NORTH, SUITE 7
NAPLES, FL 33963 US**
%Gulf Breeze Mgmt. Svcs. of

60026049

2. Principal Place of Business **SW FL, LLC**
8910 Terrene Court
Suite, Apt. #, etc.
Suite 200

3. Mailing Address **SW FL, LLC**
8910 Terrene Court
Suite, Apt. #, etc.
Suite 200

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip
34135

Country
USA

Zip
34135

Country
USA

02092006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0335308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WARNER, BRYAN J
886 110TH AVE. NORTH, SUITE 7
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name **Weidner, Ralph L.**
%Gulf Breeze Mgmt. Svcs. of **SW FL, LLC**
Street Address (P.O. Box Number is Not Acceptable)
8910 Terrene Court
Suite 200
City **Bonita Springs** FL Zip Code **34135**

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

Ralph L. Weidner

Ralph L. Weidner

3/22/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	T	<input type="checkbox"/> Delete
NAME	WORKMAN, WILTON	
STREET ADDRESS	55 OVERWOOD ROAD	
CITY-ST-ZIP	AKRON, OH 44313	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	PERKO, JAMES	
STREET ADDRESS	27108 OAKWOOD LAKE DR	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SWINSON, CHRISTOPHER	
STREET ADDRESS	271 OAKWOOD LAKE DR1	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Workman, Wilton	
STREET ADDRESS	27181 Oakwood Lake Drive, #101	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	P/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McBride, Donald	
STREET ADDRESS	27183 Oakwood Lake Drive, #102	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dobbin, Ross	
STREET ADDRESS	27177 Oakwood Lake Drive, #202	
CITY-ST-ZIP	Bonita Springs, FL 34134	
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:

Donald McBride

Donald McBride

Date

(239) 949-0397

Daytime Phone # **vb**