

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90035 037 ****61.25

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1. Entity Name
**BONITA LAKES PROPERTY OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**14340 SW 122 CT.
MIAMI, FL 33186 US**

Mailing Address
**14340 SW 122 CT.
MIAMI, FL 33186 US**



2. Principal Place of Business - No P.O. Box #
14340 SW 122 CT.

3. Mailing Address
same

City & State
Miami, FL

City & State

02142007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0496644

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIAY, CARLOS P.A.
3750 NW 87TH AVENUE
#100
MIAMI, FL 33172**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/07

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SHARP, CHRIS
14340 SW 122 CT.
MIAMI, FL 33186** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
Charles Rogers
14340 SW 122 CT.
MIAMI, FL 33186** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
STEVENS, KENNETH
14340 SW 122 CT.
MIAMI, FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Kenneth Stevens
14340 SW 122 CT.
MIAMI, FL 33186** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CLINTON, GARY
14340 SW 122 CT.
MIAMI, FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Gary Clinton
14340 SW 122 CT.
MIAMI, FL 33186** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LUCKY, WINSTON
14340 SW 122 CT.
MIAMI, FL 33186** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Winston Lucky
14340 SW 122 CT.
MIAMI, FL 33186** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROGERS, CHARTES
14340 SW 122 CT.
MIAMI, FL 33186** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Serge Alessandri
14340 SW 122 CT.
MIAMI, FL 33186** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

KENNETH STEVENS

3/14/07 305-253-6280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #