


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N47428</b> 1. Entity Name <b>BONITA LAKES PROPERTY OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>14340 SW 122ND CT MIAMI, FL 33186 US</b>	Mailing Address <b>14340 SW 122ND CT MIAMI, FL 33186 US</b>
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02122008 No-Chg-NP CR2E037 (4/06)

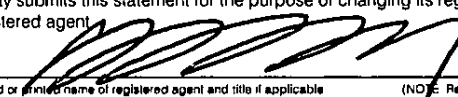
**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0496644</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**TRIAY, CARLOS P.A.  
3750 NW 87TH AVENUE  
#100  
MIAMI, FL 33172**

**DO NOT WRITE  
IN THIS SPACE**

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  DATE **4/4/08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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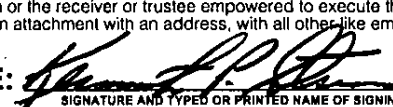
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROGERS, CHARLES 14340 SW 122ND CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, KENNETH 14340 SW 122 CT. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLINTON, GARY 14340 SW 122 CT. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUCKY, WINSTON 14340 SW 122 CT. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALESSANDRI, JORGE 14340 SW 122ND CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/25/08-80066-022 61-25

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:  (PRESIDENT) 4/4/08 305-253-6280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #