

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90044 008 \*\*\*\*61.25

<b>DOCUMENT # N49310</b> 1. Entity Name <b>VILLAGE AT BONNIE BAY ASSOCIATION, INC.</b>					
Principal Place of Business <b>7371 62 AVE, NORTH PINELLAS PARK, FL 33781 US</b>			Mailing Address <b>7371 62 AVE, NO PINELLAS PARK, FL 33781 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01152005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>59-3159145</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VALLIERE, JAMES 7367 - 62ND AVE N PINELLAS PARK, FL 33781</b>				7. Name and Address of New Registered Agent Name <b>MCVEIGH, JENNIFER</b> Street Address (P.O. Box Number is Not Acceptable) <b>7361 - 62nd Avenue, N.</b> City <b>PINELLAS PARK FL</b> Zip Code <b>33781</b>	
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. <b>JENNIFER A. MCVEIGH</b> SIGNATURE: <i>Jennifer A. McVeigh</i> DATE: <b>2-4-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCVEIGH, JENNIFER 7361 - 62ND AVE N PINELLAS PARK, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VALLIERE, JAMES 7367 62 AVENUE, NORTH PINELLAS PARK, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Shutter, Stephanie 7357 62nd Avenue, North Pinellas Park, Florida 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MURPHY, MARY M 7369 62 AVE, NORTH PINELLAS PARK, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEEFE, O MARGARET A 7365 62 AVE. N PINELLAS PARK, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Jennifer A. McVeigh</i> DATE: <b>2-4-05</b> DAYTIME PHONE: <b>727-546 8108</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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