2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49310

FILED Feb 17, 2009 Secretary of State

Entity Name: VILLAGE AT BONNIE BAY ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 7371 62 AVE, NORTH PINELLAS PARK, FL 33781 US **Current Mailing Address: New Mailing Address:** 7371 62 AVE, NO 7371 62 AVE, NORTH PINELLAS PÁRK, FL 33781 US PINELLAS PÁRK, FL 33781 US FEI Number: 59-3159145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NCVEIGH, JENNIFER MCVEIGH, JENNIFER 7361 62ND AVENUE NORTH 7361 62NĎ AVENUE NORTH PINELLAS PARK, FL 33781 US PINELLAS PARK, FL 33781 US 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: JENNIFER MCVEIGH 02/17/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCVEIGH, JENNIFER Name: Name: 7361 -62ND AVE N Address: Address: City-St-Zip: PINELLAS PARK, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: SHUTTER, STEPHANIE Name: Address: 7357 62ND AVENUE NORTH Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: Title: () Delete Title: () Change () Addition MURPHY, MARY M Name: Name: 7369 62 AVE, NORTH Address: Address: City-St-Zip: PINELLAS PARK, FL City-St-Zip: Title: SD () Delete Title: SD (X) Change () Addition Name: KEEFE O, MARGARET A Name: KEEFE, MARGARET A Address: 7365 62 AVE N. Address: 7365 62 AVE N. City-St-Zip: PINELLAS PARK, FL City-St-Zip: PINELLAS PARK, FL

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: MCVEIGH, JENNIFER P 02/17/2009