
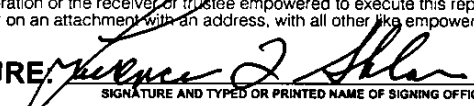


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90021 016 ****61.25

DOCUMENT # N94000002345					
1. Entity Name HARBOR LANDING AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O GLUF BREEZE MGMT. SVCS. LLC 8910 TERRENE CT STE. 200 BONITA SPRINGS, FL 34135 US			Mailing Address C/O GLUF BREEZE MGMT. SVCS. LLC 8910 TERRENE CT STE. 200 BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0495289	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEIDNER, RALPH L C/O GULF BREEZE MGMT. SVCS., LLC 8910 TERRENE CT., STE 200 BONITA SPRINGS, FL 34135			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 TD NAME SCHOTT, JEFF STREET ADDRESS 4510 RIVER WATCH DR #101 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME HOHN, DAVIS STREET ADDRESS 4471 RIVER WATCH DR #F103 CITY-ST-ZIP BONITA SPRINGS, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME SKLAR, LARRY STREET ADDRESS 4441 RIVER WATCH DR #103 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MCCOMBIE, PAULA STREET ADDRESS 4451 RIVER WATCH DR #202 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete		TITLE D NAME Ciappa, Richard STREET ADDRESS 4400 River Watch Dr., #101 CITY-ST-ZIP Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME KASIK, JIM STREET ADDRESS 4491 RIVER WATCH DR. #202 CITY-ST-ZIP BONITA SPRINGS, FL 34134	<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		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 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 Ikg empowered.					
SIGNATURE 			Date <u>3/20/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>(239) 949-9485</u>		