


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90018 013 ****61.25

DOCUMENT # N96000001767					
1. Entity Name VISTAS AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4751 BONITA BAY BLVD. BONITA SPRINGS, FL 34134 US			Mailing Address 4751 BONITA BAY BLVD. BONITA SPRINGS, FL 34134 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 65-0736746	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 14241 METROPOLIS AVE, STE. 100 FT MYERS, FL 33912			7. Name and Address of New Registered Agent 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, 2007		9. Election Campaign Financing <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 SD NAME CHESELDINE, ADRIEHNE STREET ADDRESS 4751 BONITA BAY BLVD, # 1505 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 VP NAME SEGAL, RHODA STREET ADDRESS 4751 BONITA BAY BLVD., #603 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 T NAME JONES, TOM STREET ADDRESS 4751 BONITA BAY BLVD, # 1102 CITY - ST - ZIP BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete		TITLE T NAME MCTAVISH, JOHN STREET ADDRESS 4751 BONITA BAY Blvd 402 CITY - ST - ZIP BONITA SPRINGS, FLA 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DE SCHRIVER, BRUCE STREET ADDRESS 4751 BONITA BAY BLVD., #1405 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 P NAME LINKON, LEONARD STREET ADDRESS 4751 BONITA BAY BLVD., #1401 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 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 employees.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date Daytime Phone #		

40043764



01292007 Chg-NP CR2E037 (12/06)

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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MCTAVISH, JOHN
4751 BONITA BAY Blvd 402
BONITA SPRINGS, FLA 34134

2-1307 239-949-0314