


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90109 039 \*\*\*\*61.25

**DOCUMENT # N96000004992**

1. Entity Name  
**MARINA ISLE AT BONITA BAY ASSOCIATION, INC.**



Principal Place of Business  
**GULF BREEZE MNGMT. SERVICES OF SW FL**  
**27725 OLD 41, STE 104**  
**BONITA SPRINGS, FL 34135 US**

Mailing Address  
**GULF BREEZE MNGMT. SERVICES OF SW FL**  
**27725 OLD 41, STE 104**  
**BONITA SPRINGS, FL 34135 US**



2. Principal Place of Business  
**8910 Terrene Court**

3. Mailing Address  
**8910 Terrene Court**

Suite, Apt. #, etc.  
**Suite 200**

Suite, Apt. #, etc.  
**Suite 200**

01062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**65-0693703**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WEIDNER, RALPH L</b> <b>GULF BREEZE MNGMT. SERVICES OF SW FL</b> <b>27725 OLD 41, STE 104</b> <b>BONITA SPRINGS, FL 34135</b>		Name Street Address (P.O. Box Number is Not Acceptable) <b>8910 Terrene Court</b> Suite 200 City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIDMER, ROBERT			NAME			
STREET ADDRESS	27730 MARINA ISLE COURT			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RISK, JOHN			NAME	Herman, Arther		
STREET ADDRESS	27750 MARINA ISLE COURT			STREET ADDRESS	27760 Marina Isle Court		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BACKE, JOHN			NAME	Koppelman, William		
STREET ADDRESS	27680 MARINA ISLE COURT			STREET ADDRESS	27620 Marina Isle Court		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 prepare 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, title or authority empowered.

**SIGNATURE:**  **Arther Herman** **3/13/06** **(239) 498-5597**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #