

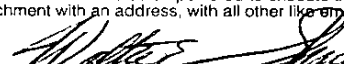


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90071 031 ****61.25

DOCUMENT # N96000005285 1. Entity Name THE VILLAGES OF BONITA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % STERLING PROP. SRVS 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135 US			Mailing Address % STERLING PROP. SRVS 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box # 27180 BAY LANDING DR. Suite, Apt. #, etc. SUITE # 4		3. Mailing Address 27180 BAY LANDING DR. Suite, Apt. #, etc. SUITE # 4		40074494 	
City & State BONITA SPRINGS FL		City & State BONITA SPRINGS FL		4. FEI Number 59-3421037	
Zip 34135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERLING PROPERTY SRVS 27800 OLD 41 ROAD 27180 BAY LANDING DR. # 4 BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>	
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 NAME STREET ADDRESS CITY-ST-ZIP	D LIND, JACK <input checked="" type="checkbox"/> Delete 9650 VILLAGE VIEW BLVD STE 102 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JANET BLANCHARD 9241 LAKE ABBY LANE # 202 BONITA SPRINGS FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WHITE, ROGER 9620 VILLAGE VIEW BLVD #202 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHUCK CUMMINGS 9241 LAKE ABBY LANE # 101 BONITA SPRINGS FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete SHANAMAN, WALT 9630 VILLAGE VIEW BLVD #202 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete SABATINI, DENISE 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIOMEDES HERNANDEZ 9601 VILLAGE VIEW BLVD. # 201 BONITA SPRINGS FL 34135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete STEIL, HANK 9641 VILLAGE VIEW BLVD #102 BONITA SPRINGS, FL 34135		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" 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 like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/17/08 239-992-9165 <small>Date Daytime Phone #</small>		