


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90451 006 ****61.25

DOCUMENT # N96000005287					
1. Entity Name THE VILLAGES OF BONITA HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business WRG SW FLORIDA INC 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135			Mailing Address 27800 OLD 41 ROD BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box # STERLING PROPERTY SERVS.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. 27800 OLD 41 ROAD		Suite, Apt. #, etc.			
City & State BONITA SPRINGS		City & State		4. FEI Number 59-3421034	
Zip FL 34135		Country USA		Country	
6. Name and Address of Current Registered Agent STERLING PROPERTY SERVICES 27800 OLD 41 RD BONITA SPRINGS, FL 34135				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 <u>Armand Linzmeier</u> <small>Signature, typed or printed name of registered agent and title if applicable (Not E: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE P NAME GLASSHEIM, ROBERT STREET ADDRESS 9326 LAKE ABBY LANE CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete				
TITLE ST PRESIDENT NAME SHOWALTER, GENE STREET ADDRESS 9337 LAKE ABBY LANE CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete				
TITLE VICE PRESIDENT NAME LINZMEYER, ARMAND STREET ADDRESS 9302 LAKE ABBEY LANE CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete				
TITLE D NAME SALOW, LARRY STREET ADDRESS 9470 VILLAGE VIEW BLVD CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete				
TITLE VP NAME CRITTENDEN, LARRY STREET ADDRESS 9356 LAKE ABBY LANE CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete				
TITLE SEC/TREASURER NAME JULANDER, DICK STREET ADDRESS 9490 VILLAGE VIEW BLVD CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE DIRECTOR NAME PERSON, ELIZABETH STREET ADDRESS 9331 LAKE ABBEY LANE CITY-ST-ZIP BONITA SPRINGS, FL 34135					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE DIRECTOR NAME SHUBERT ROBERT STREET ADDRESS 9560 VILLAGE VIEW BLVD. CITY-ST-ZIP BONITA SPRINGS, FL 34135					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<input checked="" 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: <u>Lee Johnson as agent</u> <u>4-19-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					