


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90451 007 \*\*\*\*61.25

<b>DOCUMENT # N96000005288</b>					
<b>1. Entity Name</b> THE VILLAGES OF BONITA MASTER ASSOCIATION, INC.					
<b>Principal Place of Business</b> WBG SW FLORIDA, INC. <b>STERLING PROPERTY SERVICES</b> 27800 OLD 41 RD. BONITA SPRINGS, FL 34135 US			<b>Mailing Address</b> 27800 OLD 41 RD. BONITA SPRINGS, FL 34135 US		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>STERLING PROPERTY SERVICES</b> Suite, Apt. #, etc. <b>27800 OLD 41 ROAD</b>			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
City & State <b>BONITA SPRINGS</b>			City & State		
Zip <b>F 34135</b>		Country		Zip Country	
<b>6. Name and Address of Current Registered Agent</b> BACHMAN, BOB C/O WBG SW FLORIDA, INC 27800 OLD 41 RD BONITA SPRINGS, FL 34135			<b>7. Name and Address of New Registered Agent</b> Name <b>SUE JOHNSON C/O STERLING PROPERTY SERVICES</b> Street Address (P.O. Box Number is Not Acceptable) <b>27800 OLD 41 ROAD</b> City <b>BONITA SPRINGS</b> <b>FL</b> Zip Code <b>34135</b>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, PAUL 25727 LAKE AMELIA WAY # 13-204 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHILTON, MIKE 25625 OLD GASLIGHT BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEATON, JOHN DONN 9640 VILLAGE VIEW BLVD # 101 BONITA SPRINGS, FL 34135 <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	ST BRICHFORD, BARBARA 25735 LAKE AMELIA 201 BONITA SPRINGS, FL 34135 <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	D CHAPMAN, WAYNE 9551 VILLAGE VIEW BLVD. # 7A BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LINZMEYER NANCY 9302 LAKE ABBEY LANE BONITA SPRINGS, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILTON, MIKE 25625 OLD GASLIGHT BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHUBERT, BOB 9560 VILLAGE VIEW BLVD. BONITA SPRINGS <input type="checkbox"/> Change <input checked="" 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		
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>4-18-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					