

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90108 044 ****61.25

DOCUMENT # N96000005288 1. Entity Name THE VILLAGES OF BONITA MASTER ASSOCIATION, INC.					
Principal Place of Business STERLING PROPERTY SERVICES 27800 OLD 41 RD. BONITA SPRINGS, FL 34135 US			Mailing Address 27800 OLD 41 RD. BONITA SPRINGS, FL 34135 US		
2. Principal Place of Business - No P.O. Box # 8910 Terrene Court SW FL, LLC					
Suite, Apt. #, etc. Suite 200			Suite, Apt. #, etc. Suite 200		
City & State Bonita Springs, FL			City & State Bonita Springs, FL		
Zip 34135		Country USA		4. FEI Number 59-3421033	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JOHNSON, SUE STERLING PROPERTY SERVICES 27800 OLD 41 RD BONITA SPRINGS, FL 34135					
7. Name and Address of New Registered Agent Name Weidner, Ralph L. Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 City Bonita Springs FL Zip Code 34135					
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 Weidner, Ralph L. <i>Ralph Weidner</i> 4/17/08 <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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHILTON, MIKE 25625 OLD GASLIGHT BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEATON, JOHN DONN 9640 VILLAGE VIEW BLVD # 101 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRICHFORD, BARBARA 25735 LAKE AMELIA 201 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINZMEYER, NANCY 9302 LAKE ABBEY LN BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILTON, MIKE 25625 OLD GASLIGHT BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUBERT, BOB 9560 VILLAGE VIEW BLVD BONITA SPINGS, FL	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mosser, Fred 9380 Lake Abbey Lane Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Bernardi, Amando (Burny) 25746 Lake Amelia Way, #101 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steil, Hank 9641 Village View Blvd., #102 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<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: <i>[Signature]</i> PRESIDENT 4/3/2008 (239) 992-1230 <small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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