



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90051 020 \*\*\*\*61.25

<b>DOCUMENT # N97000001118</b> 1. Entity Name <b>BAY POINTE AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>8910 TERRENE CT STE 200 BONITA SPRINGS, FL 34135</b>			Mailing Address <b>8910 TERRENE CT STE 200 BONITA SPRINGS, FL 34135</b>		
2. Principal Place of Business - No P.O. Box # <b>%Gulf Breeze Mgmt. Svcs. of SW FL, LLC</b>		3. Mailing Address <b>%Gulf Breeze Mgmt. Svcs. of SW FL, LLC</b>		<b>40041212</b> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01022008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>59-3434408</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>WEIDNER, RALPH L 8910 TERRENE CT STE 200 GULF BREEZE MGMT LLC BONITA SPRINGS, FL 34135</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>%Gulf Breeze Mgmt. Svcs. of SW FL, LLC</b> City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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	<b>PD PATTERSON, JAMES 26931 MONTEGO POINTE CT # 201 BONITA SPRINGS, FL 34134</b> <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	<b>SD KENNEDY, KRISTEN N 26943 MONTEGO POINTE COURT #202 BONITA SPRINGS, FL 34134</b> <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	<b>D GLENN, GARDNER S 26926 MONTEGO POINTE CT. # 101 BONITA SPRINGS, FL 34134</b> <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	<b>TD HENDERSON, JOHN W 4712 MONTEGO POINTE WAY #202 BONITA SPRINGS, FL 34134</b> <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	<b>V/D ALDERINK, ROGER 4706 MONTEGO POINTE WAY # 102 BONITA SPRINGS, FL 34134</b> <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	<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.					
<b>SIGNATURE: <i>James H. Patterson</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2/28/08</b>		<b>(239) 949-1734</b> <small>Daytime Phone #</small>	
<b>James H. Patterson</b>		<b>vb</b>			