## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001118

GLENN, GARDNER S

HENDERSON, JOHN W

TD

26926 MONTEGO POINTE CT. # 101

( ) Delete

4712 MONTEGO POINTE WAY #202

BONITA SPRINGS, FL 34134

BONITA SPRINGS, FL 34134

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Mar 05, 2009 Secretary of State

Entity Name: BAY POINTE AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** %GULF BREEZE MGMT, SVCS. OF SW FL, LLC 8910 TERRENE CT, STÉ 200 BONITA SPRINGS, FL 34135 **New Mailing Address: Current Mailing Address:** %GULF BREEZE MGMT, SVCS. OF SW FL, LLC 8910 TERRENE CT, STE 200 BONITA SPRINGS, FL 34135 FEI Number: 59-3434408 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEIDNER, RALPH L %GULF BREEZE MGMT, SVCS. OF SW FL, LLC 8910 TERRENE CT, STÉ 200 BONITA SPRINGS, FL 34135 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition PATTERSON, JAMES ZAUN, DAVID Name: Name: 26931 MONTEGO POINTE CT # 201 Address: 26920 MONTEGO POINTE CT # 201 Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 Title: SD () Delete Title: () Change () Addition KENNEDY, KRISTEN N Name: Name: Address: 26943 MONTEGO POINTE COURT #202 Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: PD (X) Change ( ) Addition

Title: V/D ( ) Delete Title: VD (X) Change ( ) Addition Name: ALDERINK, ROGER Name: MCKEAN, FRANK

Address: 4706 MONTEGO POINTE WAY # 102 Address: 26938 MONTEGO POINTE COURT, # 202

City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

GLENN, GARDNER S

26926 MONTEGO POINTE CT. # 101

() Change () Addition

BONITA SPRINGS, FL 34134

SIGNATURE: GARDNER S. GLENN PRES 03/05/2009