

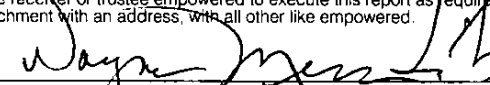


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90073 039 \*\*\*\*61.25

<b>DOCUMENT # N97000002134</b>					
<b>1. Entity Name</b> THE HAMPTONS AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> GULF BREEZE MGMT. SVCS OF SW FL, LLC SUITE 200 BONITA SPRINGS, FL 34135 US			<b>Mailing Address</b> GULF BREEZE MGMT. SVCS OF SW FL, LLC SUITE 200 BONITA SPRINGS, FL 34135 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 8910 Terrene Court Suite, Apt. #, etc.		<b>3. Mailing Address</b> 8910 Terrene Court Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		01032008    Chg-NP    CR2E037 (12/06)	
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 59-3445609	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> WEIDNER, RALPH L GULF BREEZE MGMT. SVCS OF SW FL, LLC SUITE 200 BONITA SPRINGS, FL 34135			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<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, 2008</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> PD	<b>NAME</b> MEREDITH, WAYNE		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 26900 WYNDHURST CT., #201	<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> FREEMAN, JOHN		<b>TITLE</b> D	<b>NAME</b> Hunter, Willard	
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 26911 WYNDHURST CT. #103			<b>STREET ADDRESS</b> 26900 Wyndhurst Ct., #101		
<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134			<b>CITY-ST-ZIP</b> Bonita Springs, FL 34134		
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> D	<b>NAME</b> JAARDA, GARY		<b>TITLE</b> D	<b>NAME</b> Wasson, Ted	
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 26836 WYNDHURST COURT, #101			<b>STREET ADDRESS</b> 26891 Wyndhurst Ct., #102		
<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134			<b>CITY-ST-ZIP</b> Bonita Springs, FL 34134		
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
<b>TITLE</b> STD	<b>NAME</b> MARQUIS, GARY		<b>TITLE</b>	<b>NAME</b> Marquis, Greg	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 26960 WYNDHURST CT., #202			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134			<b>CITY-ST-ZIP</b>		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VD	<b>NAME</b> DALMAN, RON		<b>TITLE</b>	<b>NAME</b>	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 26841 WYNDHURST CT., #202			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b> BONITA SPRINGS, FL 34134			<b>CITY-ST-ZIP</b>		
<input type="checkbox"/> Delete			<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> 			2/14/08    (239) 949-0122		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #    VD		
Wayne Meredith			VD		