2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004
Secretary of State

DOCUMENT# N97000002630

Entity Name: BONITA PROFESSIONAL CENTER LOT OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

8953 TERRENE CT.
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

8800 TERRENE J
#102
BONITA SPRINGS, FL 34135 US

New Mailing Address:

8800 TERRENE COURT
#102
BONITA SPRINGS, FL 34135 US

FEI Number: 59-3613037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUNSTROM, MATT
8953 TERRENCE CT.
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: LUNDSTROM, MATT
Address: 8953 TERRENE CT.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD ( ) Delete
Name: MILLER, LAURIS
Address: 10956 ENTERPRISE AVE
City-St-Zip: BONITA SPRINGS, FL 35135

Title: TD ( ) Delete
Name: SHAHLA, ZIAD
Address: 5281 CHERRYWOOD DR
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: ZIAD SHAHLA TD 01/24/2004

Electronic Signature of Signing Officer or Director Date