2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002630

FILED Jan 10, 2005 Secretary of State

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

Current Principal Place of Business:			siness:	New Principal Place	New Principal Place of Business:	
	RENE CT. SPRINGS, FL:	34135	US			
Current Mailing Address:				New Mailing Addres	New Mailing Address:	
#102	RENE COURT					
BONITA S	SPRINGS, FL	34135	US			
FEI Number	: 59-3613037	FEI N	umber Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current	Registered Agent:	Name and Address	of New Registered Agent:	
LUNSTRO	21YI. 1YI/¬ I I					
BONITA S The above	RÉNCE CT. SPRINGS, FL : e named entity		US this statement for the $\ensuremath{\beta}$	ourpose of changing its registere	ed office or registered agent, or both,	
BONITA S The above in the Stat	RENCE CT. SPRINGS, FL : e named entity e of Florida.			ourpose of changing its registere	ed office or registered agent, or both,	
BONITA S The above in the Stat	RENCE CT. SPRINGS, FL. S named entity e of Florida. RE:	submits	this statement for the p		ed office or registered agent, or both,	
BONITA S The above in the Stat SIGNATU	RENCE CT. SPRINGS, FL. S named entity e of Florida. RE:	submits		ent		
BONITA S The above in the State SIGNATU OFFICER Title: Name: Address:	RENCE CT. SPRINGS, FL. e named entity e of Florida. RE: Electro S AND DIREC	submits nic Signa TORS:) Delete MATT E CT.	this statement for the parties at the parties of Registered Age	ent	Date	
BONITA S The above in the Stat SIGNATU	RENCE CT. SPRINGS, FL.: e named entity e of Florida. RE: Electro S AND DIRECTO PD (LUNDSTROM, 8953 TERREN BONITA SPRIN	submits nic Signa TORS:) Delete MATT E CT. NGS, FL 3) Delete RIS PRISE AV	this statement for the particle ature of Registered Age	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTORS	

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 01/10/2005