2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000410



FILED Mar 03, 2006 8:00 am Secretary of State

THE CROSSINGS II AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.							03-03-200)6 90108 ()08 ****6	1.25	
Principal Place of Business 27725 OLD 41 STE 104 GULF BREEZE MGMT SERVICES, INC BONITA SPRINGS, FL 34135 Mailing Address 27725 OLD 41 STE 104 GULF BREEZE MGMT SERVICES, INC BONITA SPRINGS, FL 34135				RVICES	, INC						#11 [
	face of Business	3. Maili	ng Address								
8910 Terrene Couet		8910	8910 Terrene Court								
Suite, Apt. #, etc. Suite 200		Suit	Suite, Apt. #, etc. Suite 200 City & State				01062006	Chg-NP	CR2E0	37 (11/05)	-K-45
City & State	0	City	& State				4. FEI Number 65-0824			<u> </u>	plied For t Applicable
Zip	Country	Zip		Cou	intry		5. Certificate of	of Status Desire	d 🗀	\$8.75 Add Fee Require	
	6. Name and Address of Current	t Registered	d Agent				7. Name and	Address of Nev	w Registered	Agent	
WEIDNER	RALPHI				Name		-	-			
WGULF BREEZE MGT SERVICES OF SW FL, LLC 27725 OLD 41 SUITE 104					Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court						
BONITA S		Suite 200				L	***************************************				
	•				City	200	!		FL	Zip Code	
8 The above	named entity submits this statement for	or the numo	se of changing its	register	ed office o	r register	ed agent or both	n in the State of		familiar with.	and accept
	tions of registered agent.	or the perpe	oo or ondrighing his i	og.o.o.	00.000	rogiotoi	oo agam, or boa	,		Tourist Marin	
											}
SIGNATURE .											1
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if appli	icable. (NOTE:	Registere	d Agent signal	ture required	when reinstating)		DATE		
SIGNATURE	Signature, hyped or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	iqqa ii ettit bna tr	9. Election Cam Trust Fund Co	ıpaign F	inancing	ture required	\$5.00 May Be Added to Fees	F		k payable to	1
10.	Filing Fee is \$61.25		9. Election Cam	ıpaign F	inancing		\$5.00 May Bo	F	Make chec lorida Depa	rtment of St	tate
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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 of the corporation or the receiver or trueber appowered 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 impowered.

SIGNATURE:

Jean M. Bergold AME OF SIGNING OFFICER OR DIRECTOR