


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90310 038 *****61.25

DOCUMENT # N98000002051		
1. Entity Name BOBCAT VILLAS HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 23081 HARBORVIEW RD CHARLOTTE HARBOR, FL 33980	Mailing Address P.O. BOX 380758 MURDOCK, FL 33938
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3566150	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WISHARD, KRISTINE 23081 HARBORVIEW ROAD CHARLOTTE HARBOR, FL 33980		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, SANDRA			NAME			
STREET ADDRESS	P.O. BOX 380758			STREET ADDRESS			
CITY-ST-ZIP	MURDOCK, FL 33938			CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BURNS, SANDRA			NAME	Dean, Carol		
STREET ADDRESS	2165 LYNX RUN			STREET ADDRESS	Po Box 380758		
CITY-ST-ZIP	NORTH PORT, FL 34288			CITY-ST-ZIP	Murdoch, FL 33938		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARBINO, DAVID			NAME			
STREET ADDRESS	P.O. BOX 380758			STREET ADDRESS			
CITY-ST-ZIP	MURDOCK, FL 33938			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLEESON, MARY LOU			NAME	Gleeson, Mary Lou		
STREET ADDRESS	P.O. BOX 380758			STREET ADDRESS	Po Box 380758		
CITY-ST-ZIP	MURDOCK, FL 33938			CITY-ST-ZIP	Murdoch, FL 33938		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONRAD, DON			NAME			
STREET ADDRESS	P.O. BOX 380758			STREET ADDRESS			
CITY-ST-ZIP	MURDOCK, FL 33938			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOOTE, DAVID			NAME	Hull, Richard		
STREET ADDRESS	P.O. BOX 380758			STREET ADDRESS	Po Box 380758		
CITY-ST-ZIP	MURDOCK, FL 33938			CITY-ST-ZIP	Murdoch, FL 33938		

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Mary Lou Gleeson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #