


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90079 032 ****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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 6025 Taylor Rd Suite, Apt. #, etc. 2	
City & State Punta Gorda FL		City & State Punta Gorda FL	
Zip 33950	Country USA	4. FEI Number 59-3566150	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WISHARD, KRISTINE 23081 HARBORVIEW ROAD CHARLOTTE HARBOR, FL 33980		7. Name and Address of New Registered Agent Name Star Hospitality management Street Address, P.O. Box Number is Not Acceptable 6025 Taylor Rd # 2 City Punta Gorda FL Zip Code 33950	
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 <u><i>Sherry Danko</i></u> 1-31-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P SUHAKA, EILEEN 2019 LYNX RUN NORTH PORT, FL 34288	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Carol Dean 2041 Lynx Run North Port, FL 34288	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST TAYLOR, CAROLYN 2029 LYNX RUN NORTH PORT, FL 34288	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Michael Santoro 2063 Lynx Run North Port, FL 34288	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SANTORO, MICHAEL 2063 LYNX RUN NORTH PORT, FL 34288	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D HOUSTON, ROBERT 2177 LYNX RUN NORTH PORT, FL 34288	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD HULL, RICHARD P.O. BOX 380758 MURDOCK, FL 33938	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <u><i>Eileen M. Suhaka</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/31/07 <small>Date</small>	
		<small>Daytime Phone #</small>	