

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002051

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** BOBCAT VILLAS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

23081 HARBORVIEW RD  
CHARLOTTE HARBOR, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

6025 TAYLOR RD  
#2  
PUNTA GORDA, FL 33950

**New Mailing Address:**

26530 MALLARD WAY  
PUNTA GORDA, FL 33950

**FEI Number:** 59-3566150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAR HOSPITALITY MANAGEMENT  
6025 TAYLOR RD  
#2  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

STAR HOSPITALITY MANAGEMENT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 US

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:

02/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SUHAKA, EILEEN  
Address: 2019 LYNX RUN  
City-St-Zip: NORTH PORT, FL 34288

Title: V ( ) Delete  
Name: DEAN, CAROL  
Address: 2041 LYNX RUN  
City-St-Zip: NORTH PORT, FL 34288

Title: D ( ) Delete  
Name: HOUSTON, ROBERT  
Address: 2177 LYNX RUN  
City-St-Zip: NORTH PORT, FL 34288

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPT (X) Change ( ) Addition  
Name: KUHN, MICHAEL  
Address: 2016 LYNX RUN  
City-St-Zip: NORTH PORT, FL 34288

Title: S (X) Change ( ) Addition  
Name: HOUSTON, ROBERT  
Address: 2177 LYNX RUN  
City-St-Zip: NORTH PORT, FL 34288

Title: D ( ) Change (X) Addition  
Name: COPLEY, BETTY ANN  
Address: 2171 LYNX RUN  
City-St-Zip: NORTHPORT, FL 34288

Title: D ( ) Change (X) Addition  
Name: SPERDUTO, LOUIS  
Address: 2042 LYNX RUN  
City-St-Zip: NORTHPORT, FL 34288

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EILEEN SUHAKA

P

02/13/2009

Electronic Signature of Signing Officer or Director

Date