2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2007
Secretary of State

DOCUMENT# N99000003165

Entity Name: CYPRESS COVE AT WILDCAT RUN COMMONS ASSOCIATION, INC.

Current Principal Place of Business:

BONITA MANAGEMENT GROUP, INC.
26025 CKARKSTON DRIVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

BONITA MANAGMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 59-3593356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAUBOLT, ROBERT R
BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VD	( ) Delete
Name:	CIAVERILL, PAUL	
Address:	20651 WILDCAT RUN DRIVE, # 201	
City-St-Zip:	ESTERO, FL 33928	
Title:	D	( ) Delete
Name:	MARTIN, PATRICIA	
Address:	20655 WILDCAT RUN DRIVE, SUITE 201	
City-St-Zip:	ESTERO, FL 33928	
Title:	STD	( ) Delete
Name:	SULLIVAN, JERRY	
Address:	12508 WILDCAT COVE	
City-St-Zip:	ESTERO, FL 33928	
Title:	PD	( ) Delete
Name:	MARTIN, TERRENCE F.	
Address:	20655 WILDCAT RUN DRIVE, SUITE 201	
City-St-Zip:	ESTERO, FL 33928	
Title:	D	(X) Delete
Name:	HAGGSTROM, DONALD	
Address:	12556 WILDCAT COVE CIRCLE	
City-St-Zip:	ESTERO, FL 33928	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRENCE F. MARTIN PD 03/17/2007
Electronic Signature of Signing Officer or Director — Date