

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000007197



1. Entity Name
HAMMOCK ISLE AT BONITA BAY CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business
GULF BREEZE MANAGEMENT SERVICES, LLC
27725 OLD 41, SUITE 104
BONITA SPRINGS, FL 34135 US

Mailing Address
GULF BREEZE MANAGEMENT SERVICES, LLC
27725 OLD 41, SUITE 104
BONITA SPRINGS, FL 34135 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0967593 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
WEIDNER, RALPH L
GULF BREEZE MANAGEMENT, LLC
27725 OLD 41, SUITE 104
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, WAYLAND	NAME	
STREET ADDRESS	26021 HAMMOCK ISLE CT 101	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GENE	NAME	
STREET ADDRESS	26000 HAMMOOK ISLE CT., #101	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSLIN, ROGER	NAME	
STREET ADDRESS	26001 HAMMOCK ISLE COURT, #102	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, MICHAEL R	NAME	
STREET ADDRESS	26011 HAMMOCK ISLE COURT, 102	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, IVER F	NAME	
STREET ADDRESS	26001 HAMMOUL ISLE CT., #101	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/2005 239992 6589
Wayland E. Jensen
Daytime Phone # 113