



# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT.

<b>DOCUMENT # P02000078651</b> 1. Entity Name <b>BONITA BAY GROUP REALTY, INC.</b>						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <b>FILED</b>  <b>08 JUL 11 AM 10:17</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>9990 COCONUT RD. SUITE 200 BONITA SPRINGS, FL 34135</b>				Mailing Address <b>9990 COCONUT RD. SUITE 200 BONITA SPRINGS, FL 34135</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number <b>04-3704459</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				06242008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent  <b>WHITNEY, SCOTT R 9990 COCONUT RD. SUITE 200 BONITA SPRINGS, FL 34135</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE <i>Scott R. Whitney</i>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <i>Scott R. Whitney, Vice President 6-25-08</i>  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;">           DATE  <b>6-25-08</b> </div> </div>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fee <b>100133151211</b> <b>6/13/08--01047--014 **61.25</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <b>LUCAS, DAVID</b> <b>9990 COCONUT RD. STE 200</b> <b>BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV <b>Kelli Eastman-Billings</b> <b>9990 Coconut Rd</b> <b>Bonita Springs, FL 34135</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>GREEN, KATHERINE C</b> <b>9990 COCONUT RD. STE 200</b> <b>BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV <b>Michael Vranek</b> <b>9990 Coconut Rd</b> <b>Bonita Springs, FL 34135</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV <b>WHITNEY, SCOTT R</b> <b>9990 COCONUT RD. STE 200</b> <b>BONITA SPRINGS, FL 34135</b> <input 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	DSV <b>WATTS, SUSAN H</b> <b>9990 COCONUT RD STE 200</b> <b>BONITA SPRINGS, FL 34135</b> <input 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	V <b>LUCAS, BRIAN</b> <b>9990 COCONUT RD.</b> <b>BONITA SPRINGS, FL 34135</b> <input 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	AV <b>BLAIR, YVONNE</b> <b>9990 COCONUT RD.</b> <b>BONITA SPRINGS, FL 34135</b> <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 607, 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: <i>Scott R. Whitney</i> <b>6-25-08</b> (239) 495-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

7/14/08