

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 06, 2008  
Secretary of State**

DOCUMENT# P06000137929

Entity Name: THE SHOPPES AT BONITA SPRINGS, INC.

**Current Principal Place of Business:**

1840 WEST 49TH STREET  
SUITE 410  
HIALEAH, FL 33012

**New Principal Place of Business:**

4020 EVANS AVENUE  
FT MYERS, FL 33906

**Current Mailing Address:**

1840 WEST 49TH STREET  
SUITE 410  
HIALEAH, FL 33012

**New Mailing Address:**

PO BOX 61412  
FT MYERS, FL 33906

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

FREEMAN, PAUL H  
1840 WEST 49TH STREET  
SUITE 410  
HIALEAH, FL 33012 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: P,D ( ) Delete  
Name: ROMASH, RICK  
Address: 3530 MYSTIC POINT DR., APT 212  
City-St-Zip: AVENTURA, FL 33180

Title: VP,S ( ) Delete  
Name: FREEMAN, PAUL H  
Address: 1840 WEST 49TH STREET, SUITE 410  
City-St-Zip: HIALEAH, FL 33012

Title: T,D (X) Delete  
Name: ROMASH, ROSS  
Address: 3530 MYSTIC POINT DR., APT 212  
City-St-Zip: AVENTURA, FL 33180

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

Title: P,D (X) Change ( ) Addition  
Name: SCHEINER, CHERYL A  
Address: PO BOX 61412  
City-St-Zip: FT MYERS, FL 33906

Title: VP,S (X) Change ( ) Addition  
Name: SCHEINER, BRUCE L  
Address: PO BOX 61412  
City-St-Zip: FT MTYERS, FL 33906

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL A SCHEINER

P

06/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date