

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


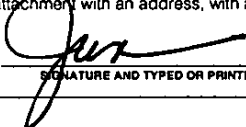
FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90045 050 ***150.00

40037274



03072005 Chg-P CR2E034 (10/03)

DOCUMENT # P96000075211				
1. Entity Name LAW OFFICE OF JANIS M. WARREN, P.A.				
Principal Place of Business 769 BLANDING BLVD. ORANGE PARK, FL 32065		Mailing Address 769 BLANDING BLVD. ORANGE PARK, FL 32065		
2. Principal Place of Business 795 Blanding Blvd. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 795 Blanding Blvd. <small>Suite, Apt. #, etc.</small>		
D		D		
City & State		City & State		4. FEI Number 59-3397537
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent -		
WARREN, JANIS M 769 BLANDING BLVD. ORANGE PARK, FL 32065		Name		
		Street Address (P.O. Box Number is Not Acceptable) 795 Blanding Blvd.		
		City	FL	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARREN, JANIS M	NAME		
STREET ADDRESS	769 BLANDING BLVD.	STREET ADDRESS	795 Blanding Blvd.	
CITY-ST-ZIP	ORANGE PARK, FL 32065	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		
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		
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		
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 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: 		3/14/05	904-276-2600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #	

ATTACHMENT
Division of Corporations

Annual Report

40037273

Document Number

N95000003031

Business Entity Name

BONITA VILLAS CONDOMINIUM ASSOCIATION, INC.

FEI Number

650665701

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired

Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution Yes No

Principal Place of Business

Address

14275 SW 142 Ave

Suite, Apt. #, etc.

City, State

MIAMI

33

Zip Code & Country

33172

US

Mailing Address

Address

14275 SW 142ND AVE

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33186

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

Address

Suite, Apt. #, etc.

City, State

Zip Code & Country

[Redacted Name]

CARLOS A TRIAY ESQ

10570 NW 27 St.

Suite 103

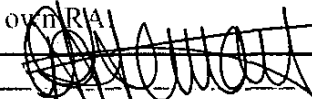
[Redacted City], FL

33172

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

Registered Agent Signature

own RIA


This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

ATTACHMENT

Officer/Director Name And Address

40037273
#N95000003031

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)