

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004269

FILED
Apr 26, 2024
Secretary of State
2588539789CC**Entity Name:** EAGLES NEST AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**C/O GULF BREEZE MANAGEMENT SERVICES OF SWFL, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135**Current Mailing Address:**GULF BREEZE MANAGEMENT SERVICES OF SWFL, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135 US**FEI Number:** 65-1023067**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEIDNER, RALPH L.
C/O GULF BREEZE MANAGEMENT SERVICES OF SWFL, INC.
8910 TERRENE COURT SUITE 200
BONITA SPRINGS, FL 34135 US*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:** RALPH L. WEIDNER**04/26/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	INGUILI, ALFRED
Address	C/O GULF BREEZE MANAGEMENT SERVICES OF SWFL, INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	VP, DIRECTOR
Name	BORDA, WALTER J.
Address	C/O GULF BREEZE MANAGEMENT SERVICES OF SWFL, INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	SECRETARY, DIRECTOR
Name	WILLARD, LINDA
Address	C/O GULF BREEZE MANAGEMENT SERVICES OF SWFL, INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	TREASURER, DIRECTOR
Name	WALKER, PATRICIA
Address	C/O GULF BREEZE MANAGEMENT SERVICES OF SWFL, INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	WEILAGE, BETTY
Address	C/O GULF BREEZE MANAGEMENT SERVICES OF SWFL, INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	SLOTT, MAUREEN
Address	C/O GULF BREEZE MANAGEMENT SERVICES OF SWFL, INC. 8910 TERRENE COURT SUITE 200
City-State-Zip:	BONITA SPRINGS FL 34135

I hereby 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 all other like empowered.

SIGNATURE: ALFRED INGUILI**PRESIDENT****04/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date