2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004269

Entity Name: EAGLES NEST AT BONITA BAY CONDOMINIUM ASSOCIATION,

INC.

FILED
Apr 08, 2025
Secretary of State
3565778970CC

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 04/08/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitleVP, DIRECTORTitlePRESIDENT, DIRECTORNameINGUILI, ALFREDNameBORDA, WALTER J.

Address C/O GULF BREEZE MANAGEMENT Address C/O GULF BREEZE MANAGEMENT

SERVICES OF SWFL, INC. SERVICES OF SWFL, INC.

8910 TERRENE COURT SUITE 200 8910 TERRENE COURT SUITE 200

City-State-Zip: BONITA SPRINGS FL 34135 City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY, DIRECTOR Title TREASURER, DIRECTOR

Name WILLARD, LINDA Name WALKER, PATRICIA

Name WILLARD, LINDA Name WALKER, PATRICIA

Address C/O GULF BREEZE MANAGEMENT Address C/O GULF BREEZE MANAGEMENT

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City-State-Zip: BONITA SPRINGS FL 34135 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: WALTER J. BORDA PRESIDENT 04/08/2025