

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004269

Entity Name: EAGLES NEST AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 06, 2017
Secretary of State
CC8114893935

Current Principal Place of Business:

C/O GULF BREEZE MGMT SVCS., INC.
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135

Current Mailing Address:

C/O GULF BREEZE MGMT SVCS., INC.
8910 TERRENE CT STE 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 MGMT SVCS., INC.
8910 TERRENE CT STE 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MCCOWN, WILLIAM
Address 25921 NESTING CRT #202
City-State-Zip: BONITA SPRINGS FL 34134

Title SD
Name ZASLOW, LEONARD
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title TD
Name MCPOLIN, JAMES
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT, DIRECTOR
Name ALLEN, DAVID
Address 8910 TERRENE COURT
SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name PARSONS, ROBERT
Address 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: DAVID ALLEN

PRESIDENT

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date