

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005287

Entity Name: THE VILLAGES OF BONITA HOMEOWNERS' ASSOCIATION, INC.**FILED**
May 05, 2014
Secretary of State
CC1801787618**Current Principal Place of Business:**%GULF BREEZE MGT SVCS. OF SW FL, INC.
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135**Current Mailing Address:**%GULF BREEZE MGT SVCS. OF SW FL, INC.
8910 TERRENE CT STE 200
BONITA SPRINGS, FL 34135 US**FEI Number: 59-3421034****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WEIDNER, RALPH L
%GULF BREEZE MGT SVCS. OF SW FL, 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 WEAVER, RICHARD
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135Title TD
Name ABELS, ROBERT
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135Title SD
Name BASLER, JUDY
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135Title VD
Name BAGLEY, HOLLIE
Address 8910 TERRENE COURT, SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135Title PD
Name ADAMS, FLOYD
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: FLOYD ADAMS**PRESIDENT****05/05/2014**

Electronic Signature of Signing Officer/Director Detail

Date