

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717841

FILED
Apr 27, 2009
Secretary of State

Entity Name: BONITA SPRINGS UTILITIES, INC.

Current Principal Place of Business:

11860 EAST TERRY STEET
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

Current Mailing Address:

11860 EAST TERRY STEET
BONITA SPRINGS, FL 34135 US

New Mailing Address:

FEI Number: 59-1350003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARTIN, FRED
11860 E. TERRY STREET
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATHES, JOHN
Address: 27890 OLD US 41
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD () Delete
Name: MCINTOSH, STEVEN
Address: 24461 WOODSAGE DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: BACHMAN, ROBERT
Address: 27119 OAKWOOD LAKE DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: HOCHSTETLER, HENRY
Address: 10591 LANDAU LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: SD () Delete
Name: ATTWOOD, PAUL
Address: 3890 RIVIERA CI
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: CIAFFONE, MARC
Address: 10150 TROPICAL DR.
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LILES JR, FRANK
Address: 27233 JC LANE
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK LILES JR

TD

04/27/2009

Electronic Signature of Signing Officer or Director

Date