

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90129 021 ****70.00

DOCUMENT # 755915

1. Entity Name
BONITA ISLE MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

**8130 HAVASU COURT
LAKE WORTH FL 33467**

Mailing Address

**P.O. BOX 541332
LAKE WORTH FL 33454-1332
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2150221**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



☒ CHECK HERE IF MAKING CHANGES


6. Name and Address of Current Registered Agent

**ST. JOHN, CORE, FIORE & LEMME, P.A.
CENTURIAN TOWER
1601 FORUM PLACE
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name **St. John, Core, Fiore & Lemme, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
Centurian Tower
1601 Forum Place, Suite 701
City **West Palm Beach** **FL** Zip Code **33401**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **DAVID CORE, SECRETARY** **3 April 2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	ROMANO, SALVATORE	
STREET ADDRESS	5446 ALTA WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZALOOM, GEORGE	
STREET ADDRESS	5395 ALTA WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEILSON, KEITH	
STREET ADDRESS	8353 BONITA ISLE DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SERRA, VICTOR	
STREET ADDRESS	8605 BONITA ISLE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZALOOM, GEORGE	
STREET ADDRESS	5395 ALTA WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMAN STEURY	
STREET ADDRESS	8594 BONITA ISLE DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **REQUIRED**

3/8/03

561 357 8734

CR2E037 (10/02)