

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2006
Secretary of State

DOCUMENT# N37778

Entity Name: BONITA BEACH IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

27566 HICKORY BLVD
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

PO BOX 3175
BONITA SPRINGS, FL 34133

New Mailing Address:

FEI Number: 59-6154997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLESPIE, MICKI
26750 MCLAUGHLIN BLVD.
BONITA SPRINGS, FL 34134 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: PD () Delete
Name: BIELSKI, CHRIS
Address: 27566 HICKORY BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD () Delete
Name: SHARP, MIKE
Address: 27773 FORESTER DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: HILLGROVE, SARA
Address: 25815 HICKORY BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D (X) Delete
Name: FREEH, RICHARD
Address: 25900 HICKORY BLVD., #306
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: ELLIS, PAT
Address: 25840 HICKORY BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD () Delete
Name: KLOSTERMAN, JOHN
Address: 25825 HICKORY BLVD.
City-St-Zip: BONITA SPRINGS, FL 34134

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:

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Address:
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN KLOSTERMAN

TD

04/08/2006

Electronic Signature of Signing Officer or Director

Date