2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37778

FILED Feb 20, 2009 Secretary of State

Entity Name: BONITA BEACH IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 27815 HICKORY BLVD BONITA SPRINGS, FL 34134 **New Mailing Address: Current Mailing Address:** PO BOX 3175 BONITA SPRINGS, FL 34133 FEI Number: 59-6154997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HILLLGROVE, SARA 25815 HICKORY BLVD. BONITA SPRINGS, FL 34134 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HILLGROVE, SARA Name: Name: 25815 HICKORY BLVD. Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: SD () Delete Title: TD (X) Change () Addition RUELLE, HEIKE Name: RUELLE, HEIKE Name: Address: 6008 CAJEPUT LN. Address: 6008 CAJEPUT LN. BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition KLOSTERMAN, JOHN BERGERT, RHEA Name: Name: 25825 HICKORY BLVD. Address: Address: 26371 HICKORY BL City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: BONITA SPRINGS, FL 34134 () Delete Title: Title: () Change () Addition Name: ELLIS, PAT Name: 25840 HICKORY BLVD. Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCCOURT, PAT CALABRESA, DENNIS Name: Name: 6000 CAJEPUT LN. 26420 HICKORY BLVD Address: Address: BONITA SPRINGS, FL 34134 City-St-Zip: City-St-Zip: BONITA SPRINGS, FL 34134 Title: () Delete Title: () Change (X) Addition WINSTON, CHURCH Name: Name: Address: Address: 26420 HICKORY BLVD BONITA SPRINGS, FL 34134 City-St-Zip: City-St-Zip:

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: SARA HILLGROVE PD 02/20/2009