

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90123 041 ****61.25

DOCUMENT # N94000005489 1. Entity Name ROTARY CLUB OF BONITA SPRINGS NOON, INC.					
Principal Place of Business PO BOX 1092 BONITA SPRINGS, FL 34133			Mailing Address PO BOX 1092 BONITA SPRINGS, FL 34133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		


 01162006 Chg-NP CR2E037 (11/05)
 65-0344683

4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROACH, PHILLIP 28179 VANDERBILT DR #1 BONITA SPRINGS, FL 34134		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	☒ Delete	TITLE	Vice President	☐ Change ☒ Addition		
NAME	JABLONSKI, JOHN		NAME	David McKee			
STREET ADDRESS	706 MAIN SAIL PLACE		STREET ADDRESS	222 10 Fairmont Court			
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Estero, FL 33928			
TITLE	D	☒ Delete	TITLE	Secretary	☐ Change ☐ Addition		
NAME	AGIUS, STEVE		NAME	Robert Colantonio			
STREET ADDRESS	14490 OLD HICKORY BLVD		STREET ADDRESS	27900 Crown Lake Blvd.			
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP	Bonita Springs, FL 34135			
TITLE	DS	☐ Delete	TITLE	President	☒ Change ☐ Addition		
NAME	PRIOLETTI, MIKE		NAME				
STREET ADDRESS	2550 COACH HOUSE LANE		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34105		CITY-ST-ZIP				
TITLE	VP	☒ Delete	TITLE		☐ Change ☐ Addition		
NAME	DAVEY-HADAWAY, BARBARA		NAME				
STREET ADDRESS	18249 HUCKLEBERRY		STREET ADDRESS				
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP				
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition		
NAME	BARR, EMMIE		NAME				
STREET ADDRESS	3561 LAKEMONT DR		STREET ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP				
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME	WIEBEL, DOUGLAS E		NAME				
STREET ADDRESS	9420 BONITA BEACH RD, SUITE 200		STREET ADDRESS				
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____	1/18/06	239-992-6241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #