

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717841

Entity Name: BONITA SPRINGS UTILITIES, INC.

Current Principal Place of Business:

11900 EAST TERRY STREET
BONITA SPRINGS, FL 34135

Current Mailing Address:

11900 EAST TERRY STREET
BONITA SPRINGS, FL 34135 US

FEI Number: 59-1350003

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JENKINS, JOHN R
11900 EAST TERRY STREET
BONITA SPRINGS, FL 34135 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

Officer/Director Detail :

Title PRESIDENT
Name FARRAR, BRIAN
Address 22190 FAIRMOUNT CT
City-State-Zip: ESTERO FL 33928

Title VP
Name MARCHESANI, VINCE
Address 15401 PUFFIN DR
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY
Name ATTWOOD, PAUL
Address 3890 RIVIERA CIR
City-State-Zip: BONITA SPRINGS FL 34134

Title TREASURER
Name MALLOY, MICHAEL
Address 28585 CLINTON LANE
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name NELSON, BEN
Address 10900 EAST TERRY ST
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name GARNER, RICHARD
Address 4090 MARSHVIEW COURT
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name MURPHY, JAMES
Address 24808 LAKEMONT COVE LANE
 #102
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name KOSILLA, LAWRENCE
Address 25496 CARNEY CIRCLE
City-State-Zip: BONITA SPRINGS FL 34135

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I hereby 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 all other like empowered.

SIGNATURE: STEVEN RICHARDS

FINANCE DIRECTOR

03/23/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title FINANCE DIRECTOR
Name RICHARDS, STEVEN
Address 11900 EAST TERRY STREET
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name BACHMAN, BOB
Address 24961 WINDWARD BLVD
City-State-Zip: BONITA SPRINGS FL 34134