

2016 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:** Yes**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	DIRECTOR
Name	MCKEE, DAVID
Address	22210 FAIRMONT CT
City-State-Zip:	ESTERO FL 33928

Title	PRESIDENT
Name	STRECKANSKY, JIM
Address	9106 WILLOW WALK
City-State-Zip:	BONITA SPRINGS FL 34135

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

Title	TREASURER
Name	MATHES, JOHN
Address	27601 PIERCE AVE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	HOCHSTETLER, HENRY
Address	10591 LANDAU LANE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	LILES JR, FRANK
Address	27233 JC LANE
City-State-Zip:	BONITA SPRINGS FL 34135

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

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

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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: FRANK LILES JR**DIRECTOR****04/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SHARKEY, ROBERT
Address	26625 HICKORY BLVD
City-State-Zip:	BONITA SPRINGS FL 34134