

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

DOCUMENT# 717841

**Apr 03, 2024**

**Entity Name:** BONITA SPRINGS UTILITIES, INC.

**Secretary of State  
0218280158CC**

**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           VP  
Name           FARRAR, BRIAN  
Address        27171 HARBOR DRIVE  
City-State-Zip: BONITA SPRINGS FL 34135

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

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

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

Title           SECRETARY  
Name           MURPHY, JAMES  
Address        10900 EAST TERRY ST  
City-State-Zip: BONITA SPRINGS FL 34135

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

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

Title           EXECUTIVE DIRECTOR  
Name           JENKINS, JOHN  
Address        11900 EAST TERRY STREET, BONITA  
                  SPRINGS, FL  
City-State-Zip: BONITA SPRINGS FL 34135

**Continues on page 2**

*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**

**DIRECTOR OF FINANCE**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title           DIRECTOR  
Name           BAUMAN, WAYNE  
Address        11900 EAST TERRY STREET  
City-State-Zip: BONITA SPRINGS FL 34135

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