

**2019 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            LILES, FRANK  
Address        27233 J.C. LN  
City-State-Zip: BONITA SPRINGS FL 34135

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

Title            DIRECTOR  
Name            STRECKANSKY, JIM  
Address        9106 WILLOW WALK  
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****04/05/2019**

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