

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755915

**Entity Name:** BONITA ISLE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8130 HAVASU COURT  
LAKE WORTH, FL 33467**Current Mailing Address:**P.O. BOX 541332  
LAKE WORTH, FL 33454-1332 US**FEI Number:** 59-2150221**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ST. JOHN, CORE, & LEMME, P.A  
CENTURIAN TOWER  
1601 FORUM PLACE STE 701  
WEST PALM BEACH, FL 33401 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	PD
Name	VITELLI, JAMES M
Address	5447 ALTA WAY
City-State-Zip:	LAKE WORTH FL 33467

Title	VPD
Name	GUASTELLA, JOSEPH
Address	8508 BONITA ISLE DR
City-State-Zip:	LAKE WORTH FL 33467

Title	TD
Name	NEILSON, PATRICIA
Address	8353 BONITA ISLE DRIVE
City-State-Zip:	LAKE WORTH FL 33467

Title	SD
Name	LOCKEN, MARGARET
Address	8317 BONITA ISLE DR
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	ROSS, JACKIE
Address	5407 ALTA WAY
City-State-Zip:	LAKE WORTH FL 33467

Title	D
Name	LOPEZ, RUBEN
Address	8450 BONITA ISLE DRIVE
City-State-Zip:	LAKE WORTH FL 33467

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:** MARGARET LOCKEN**SECRETARY****04/11/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date