#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 755915** 

Entity Name: BONITA ISLE HOMEOWNERS ASSOCIATION, INC.

**FILED** Mar 05, 2016 **Secretary of State** CC0464047248

## **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:

KRONYK & LEMME, PLLC 777 SOUTH FLAGLER DRIVE WEST TOWER SUITE 800 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: THERESA LEMME 03/05/2016

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

**PRESIDENT** VΡ Title Title

Name GONZALEZ. JUAN Name PITTMAN, CHARLES Address 8472 BONITA ISLE DRIVE Address 5447 ALTA WAY

LAKE WORTH FL 33467 City-State-Zip: City-State-Zip: LAKE WORTH FL 33467

Title **SECRETARY** Title **TREASURER** 

Name LOCKEN, MARGARET Name RICKETTS, ROBERT Address 8317 BONITA ISLE DR Address 5451 ALTA WAY LAKE WORTH FL 33467 City-State-Zip: LAKE WORTH FL 33467

Title **DIRECTOR** 

City-State-Zip:

WALLACE, TIMOTHY Name Address 5422 ALTA WAY

City-State-Zip: LAKE WORTH FL 33467

SIGNATURE: MARGARET LOCKEN

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.

Electronic Signature of Signing Officer/Director Detail

SECRETARY, BIHOA

03/05/2016