

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005145

**FILED**  
**Apr 21, 2015**  
**Secretary of State**  
**CC2050425520**

**Entity Name:** BONTERRA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683

**Current Mailing Address:**

3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683 US

**FEI Number: 30-0183600**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HANSON J, ACK B  
MELROSE MANAGEMENT PARTNERSHIP  
3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683 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            ACEVEDO, REMY  
Address        2515 BONTERRA BLVD.  
City-State-Zip: VALRICO FL 33594

Title            VP  
Name            LEDFORD, ROBERT  
Address        2605 BONTERRA BLVD.  
City-State-Zip: VALRICO FL 33594

Title            TREASURER  
Name            PINKSTAFF, JEFF  
Address        2606 BONTERRA BLVD.  
City-State-Zip: VALRICO FL 33594

Title            SECRETARY  
Name            REGO, YVETTE  
Address        2606 BONTERRA BLVD.  
City-State-Zip: VALRICO FL 33594

Title            DIRECTOR  
Name            METZ, KATHY  
Address        2603 BONTERRA BLVD.  
City-State-Zip: VALRICO FL 33594

*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: REMY ACEVEDO**

**PRESIDENT**

**04/21/2015**

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

\_\_\_\_\_  
Date