

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06223

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC5216304396**

**Entity Name:** BONITA SPRINGS HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

27142 RIVERSIDE DR  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

P O BOX 3015  
BONITA SPRINGS, FL 34133 US

**FEI Number:** 59-2482932

**Certificate of Status Desired:** No

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

STRADER, CHARLES EARL  
27655 KENT RD  
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:** CHARLES EARL STRADER

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title 1ST VP  
Name WIEBOLD, MICHELLE  
Address 10390 RIVER DR  
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER  
Name LONG, MIKE  
Address 3450 LAKEMONT DR  
City-State-Zip: BONITA SPRINGS FL 34134

Title PRESIDENT  
Name WHITTEMORE, BONNIE  
Address 25151 FAIRWAY DUNES CT  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name BALENTINE, EDGARDO  
Address 26972 PIVA CT  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name GLEASON, MARY  
Address 26024 CLARKSTON DR  
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY  
Name BACHMAN, BARBARA  
Address 25875 HICKORY BLVD  
401  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name BLANCHETTE, PHYLLIS  
Address 25741 LAKE AMELIA WAY  
203  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name STRADER, CHARLES E  
Address 27655 KENT RD  
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:** CHARLES E STRADER

**DIRECTOR**

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title 2ND VP  
Name THOMAS, AARON  
Address PO BOX 3015  
City-State-Zip: BONITA SPRINGS FL 34133

Title DIRECTOR  
Name DAVEY, FRANCES  
Address PO BOX 3015  
City-State-Zip: BONITA SPRINGS FL 34133

Title DIRECTOR  
Name LALONDE, BEVERLY  
Address 8870 COLONNADES CT W #336  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name SAAD, PAUL  
Address PO BOX 3015  
City-State-Zip: BONITA SPRINGS FL 34133

Title DIRECTOR  
Name BORSA, ZAWI  
Address PO BOX 3015  
City-State-Zip: BONITA SPRINGS FL 34133

Title DIRECTOR  
Name HILLIARD, ROBERT  
Address 28700 TRAILS EDGE BLVD #303  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name BALENTINE, MARIESA  
Address 26975 PIVA CT  
City-State-Zip: BONITA SPRINGS FL 34135