

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

DOCUMENT# N06223

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC1086850882**

**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:**

WALKER, LINDA H  
26881 SAMMOSET WAY  
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:** LINDA H WALKER

01/26/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name LAWHON, RONDA  
Address 27332 PULLEN AVE  
City-State-Zip: BONITA SPRINGS FL 34135

Title VP  
Name MANGINI, JUDY  
Address 12618 FOX RIDGE DR 8203  
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER  
Name WALKER, LINDA  
Address 26881 SAMMOSET WAY  
City-State-Zip: BONITA SPRINGS FL 34135

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

Title DIRECTOR  
Name MADDOCK, ROBERT  
Address 4460 RIVERWATCH DR #103  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name MEEK, DON  
Address 28502 SOMBRERO DR  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name LEONE, CAROL  
Address 25746 LAKE AMEILA WAY #202  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name GLEASON, MARY  
Address 26024 CLARKSTON DR  
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 STRADER

PRESIDENT

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title SECRETARY  
Name NEMSICK, DONNA  
Address P O BOX 3015  
City-State-Zip: BONITA SPRINGS FL 34133

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

Title PRESIDENT  
Name STRADER, CHARLES E  
Address 27655 KENT RD  
City-State-Zip: BONITA SPRINGS FL 34135