

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000012061

Entity Name: BONNET SPRINGS PARK, INC.**Current Principal Place of Business:**415 S. KENTUCKY AVE.
LAKELAND, FL 33801**Current Mailing Address:**415 S. KENTUCKY AVE.
LAKELAND, FL 33801 US**FEI Number:** 81-1106879**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FEAR, CHRISTOPHER
ONE LAKE MORTON DR..
LAKELAND, FL 33801 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:** CHRISTOPHER FEAR

03/19/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name BARNETT, HOYT R
Address 5815 LIVE OAK DR.
City-State-Zip: LAKELAND FL 33813

Title D
Name TINSLEY, HAROLD W
Address 4501 CLEMENTS RD.
City-State-Zip: LAKELAND FL 33811

Title D
Name BUNCH, DAVID F
Address 415 S. KENTUCKY AVE.
City-State-Zip: LAKELAND FL 33801

Title D
Name BUNCH, JEAN H
Address 415 S. KENTUCKY AVE.
City-State-Zip: LAKELAND FL 33801

Title D
Name BARNETT, WESLEY R
Address 5518 LIVE OAK DR.
City-State-Zip: LAKELAND FL 33813

Title DIRECTOR
Name BARNETT, NICHOLAS J
Address 415 S. KENTUCKY AVE.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name TINSLEY, MARTHA N
Address 4501 CLEMENTS ROAD
City-State-Zip: LAKELAND FL 33811

Title TREASURER
Name VASS, BILL
Address 415 S. KENTUCKY AVE.
City-State-Zip: LAKELAND FL 33801

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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: KELLIE PHILLIPS**ADMINISTRATIVE
ASSISTANT**

03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name ATTAWAY, JOHN
Address 415 S. KENTUCKY AVE.
City-State-Zip: LAKELAND FL 33801

Title OFFICER
Name HENRICKS, DONNA
Address 415 S. KENTUCKY AVE.
City-State-Zip: LAKELAND FL 33801

Title ASST. SECRETARY
Name PHILLIPS, KELLIE ANNE
Address 5132 LAKE IN THE WOODS CT.
City-State-Zip: LAKELAND FL 33813

Title OFFICER
Name ELMHORST, KIMBERLY
Address 415 S. KENTUCKY AVE.
City-State-Zip: LAKELAND FL 33801

Title OFFICER
Name HARRELL, JACK
Address P.O. BOX 807
City-State-Zip: LAKELAND FL 33802