

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000012061

**Entity Name:** BONNET SPRINGS PARK, INC.**Current Principal Place of Business:**1025 GEORGE JENKINS BLVD.  
LAKELAND, FL 33815**Current Mailing Address:**1025 GEORGE JENKINS BLVD.  
LAKELAND, FL 33815 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

03/19/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title            OFFICER  
Name            BARNETT, WESLEY R  
Address        3830 GAINES COURT  
City-State-Zip: WINTER HAVEN FL 33884

Title            OFFICER  
Name            BARNETT, NICHOLAS J  
Address        5463 SCOTT VIEW LANE  
City-State-Zip: LAKELAND FL 33813

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

Title            TREASURER  
Name            VASS, BILL  
Address        904 FAIRLINGTON DRIVE  
City-State-Zip: LAKELAND FL 33813

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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**

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name ATTAWAY, JOHN  
Address 2217 HOLLINGSWORTH HILL AVENUE  
City-State-Zip: LAKELAND FL 33803

Title OFFICER  
Name HENRICKS, DONNA  
Address 826 HANOVER WAY  
City-State-Zip: LAKELAND FL 33813

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 2616 HOLLINGSWORTH HILL AVENUE  
City-State-Zip: LAKELAND FL 33803

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

Title OFFICER  
Name HOLLIS, JACK  
Address 5020 TERRY LANE  
City-State-Zip: LAKELAND FL 33813