

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000000308

**FILED**  
**Feb 03, 2021**  
**Secretary of State**  
**7456755530CC**

**Entity Name:** BONITA SPRINGS DOWNTOWN ALLIANCE INC.

**Current Principal Place of Business:**

27655 KENT RD  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

27655 KENT RD  
BONITA SPRINGS, FL 34135 US

**FEI Number: 81-1385933**

**Certificate of Status Desired: No**

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

FLAMMANG, DONNA M  
27200 RIVERVIEW CENTER BLVD STE 310  
BONITA SPRINGS, FL 34134 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: DONNA M. FLAMMANG, ESQUIRE**

**02/03/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PAENO, JOHN  
Address 27313 OLD 41 ROAD  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name MANSOLILLO, TONY  
Address 1968 ISLA DE PALMA  
City-State-Zip: BONITA SPRINGS FL 34135

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

Title VP  
Name SAYGER, SUSIE  
Address 27515 OLD 41 ROAD  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name GREENWOOD, AL  
Address 26620 OLD 41 RD  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name MAGNUS, JAMES  
Address 26880 OLD 41 RD  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name BOOLE, TINA  
Address 3525 BONITA BEACH RD SW  
City-State-Zip: BONITA SPRINGS FL 34134

Title SECRETARY  
Name WHITTEMORE, BONNIE  
Address 25151 FAIRWAY DUNES CT  
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**

**TREASURER**

**02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BELLAMY, LEE  
Address        27750 OLD 41 RD  
City-State-Zip: BONITA SPRINGS FL 34135

Title           PRESIDENT  
Name           LEONARD, TRISH  
Address        9148 BONITA BEACH RD #201  
City-State-Zip: BONITA SPRINGS FL 34135