# 2024  FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000003106

**Entity Name:** MACIAS WILDLIFE SOCIETY OF BONITA BAY, INC.

**Current Principal  Place of Business:**

27351 HIDDEN RIVER COURT
BONITA SPRINGS,  FL  34134

**Current Mailing Address:**

P.O. BOX 366002
BONITA SPRINGS,  FL  34136  US

**FEI Number: 82-5084292**

**Certificate of Status Desired:** No

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

HOLLENHORST, SANDRA
27351 HIDDEN RIVER COURT
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: _____

Electronic Signature of Registered Agent                                    Date

## Officer/Director Detail :

| | |
|---|---|
| Title | PRESIDENT, DIRECTOR |
| Name | HOLLENHORST, SANDRA J |
| Address | 27351 HIDDEN RIVER COURT |
| City-State-Zip: | BONITA SPRINGS  FL  34134 |

| | |
|---|---|
| Title | VICE PRESIDENT/DIRECTOR |
| Name | MCCRAY, STEVE |
| Address | 27250 HIDDEN RIVER CT. |
| City-State-Zip: | BONITA SPRINGS  FL  34134 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | TYRE, LORAINE |
| Address | 27203 SHELL RIDGE CIRCLE |
| City-State-Zip: | BONITA SPRINGS  FL  34134 |

| | |
|---|---|
| Title | TREASURER, DIRECTOR |
| Name | PINTI, JOHN |
| Address | 26891 WYNDHURST CT. 101 |
| City-State-Zip: | BONITA SPRINGS  FL  34134 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GAVIN, PAUL |
| Address | ISLAND POND CT. 1003 |
| City-State-Zip: | BONITA SPRINGS  FL  34134 |

| | |
|---|---|
| Title | SECRETARY, DIRECTOR |
| Name | HUIGENS , MARY |
| Address | 4180 LAKE FOREST DR. 1822 |
| City-State-Zip: | BONITA SPRINGS  FL  34134 |

*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: SANDRA J. HOLLENHORST                  PRESIDENT, DIRECTOR        02/07/2024

Electronic Signature of Signing Officer/Director Detail                                    Date