#### 2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N38120

Entity Name: RESIDENT COUNCIL OF BONAIR TOWERS, INC.

**FILED** Jan 20, 2016 **Secretary of State** CR1497003881

# **Current Principal Place of Business:**

1915 HALGRIM AVE.

# 705

FT. MYERS, FL 33901

## **Current Mailing Address:**

1915 HALGRIM AVE.

# 705

FT. MYERS, FL 33901

FEI Number: 65-0327903 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

LULA, DAVIS 1915 HALGRIM AVE. # 705

FT MYERS, FL 33901 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: LULA B. DAVIS 01/20/2016

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT ORITZ, MINERVA Name LULA, DAVIS Name 1915 HALGRIM AVE 1915 HALGRIM AVE Address Address

> **APT 705 APT 906**

City-State-Zip: FORT MYERS FL 33901 City-State-Zip: FORT MYERS FL 33901

Title **SECRETARY** Title **TREASURER** 

Name LASANE, CLARA Name JEAN-MARIE, MALARY Address 1915 HALGRIM AVE Address 1915 HALGRIM AVE.

APT 1001 **APT 810** 

City-State-Zip: FORT MYERS FL 33901 City-State-Zip: FORT MYERS FL 33901

Title **PARLIAMENTARIAN** Title

COMBS, GERALDINE NONE, NONE Name Name

1915 HALGRIM AVENUE Address Address 1915 HALGRIM AVENUE

**APT 405** 

City-State-Zip: FORT MYERS FL 33901 City-State-Zip: FORT MYERS FL 33901

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.

01/20/2016 SIGNATURE: LULA B. DAVIS **PRESIDENT**