

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42559

**FILED  
Feb 01, 2022  
Secretary of State  
1086345632CC**

**Entity Name:** CENTER FOR THE ARTS OF BONITA SPRINGS, INC.

**Current Principal Place of Business:**

26100 OLD 41 ROAD  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

26100 OLD 41 ROAD  
BONITA SPRINGS, FL 34135 US

**FEI Number: 65-0295085**

**Certificate of Status Desired: No**

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

RICHARDSON, RALPH A  
27725 OLD 41 ROAD  
SUITE 104  
BONITA SPRINGS, FL 33923 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 PAST-CHAIRMAN  
Name THOMSON, DONALD  
Address 3451 BONITA BAY BLVD #206  
City-State-Zip: BOITA SPRINGS FL 34134

Title P  
Name BRIDGES, SUSAN A  
Address 9786 TREASURE CAY LANE  
City-State-Zip: BONITA SPRINGS FL 34135

Title VC  
Name WEINMAN, FRED  
Address 26790 S TAMIAMI TRL  
City-State-Zip: BONITA SPRINGS FL 34134

Title SECRETARY  
Name RUSSIAN, AMY  
Address 25330 GOLDCREST DR.  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name NESI, MARY  
Address 22933 FOREST EDGE CT  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name MCCURDY, JACQUELINE  
Address 3070 GREENFLOWER COURT  
City-State-Zip: BONITA SPRINGS FL 34134

Title CHAIRMAN  
Name SUWYN, PATT  
Address 26291 WOODLY DR  
City-State-Zip: BONITA SPRINGS FL 34134

Title TREASURER  
Name OSTERHOUT, CAROL  
Address 12681 CREEKSIDE LN  
City-State-Zip: FT. MYERS FL 33919

*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: SUSAN A BRIDGES**

**PRESIDENT**

**02/01/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date