

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46570

FILED
Mar 27, 2023
Secretary of State
1381078480CC

Entity Name: BONITA ST. JAMES VILLAGE, INC.

Current Principal Place of Business:

C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT STE. 200
BONITA SPRINGS, FL 34135

Current Mailing Address:

C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT STE. 200
BONITA SPRINGS, FL 34135 US

FEI Number: 59-3106804

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEIDNER, RALPH L. CAM
C/O GULF BREEZE MANAGEMENT SERVICES, INC.
8910 TERRENE COURT STE. 200
BONITA SPRINGS, FL 34135 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: RALPH L. WEIDNER

03/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name MCDONALD, MICHAEL
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
 8910 TERRENE COURT STE. 200
City-State-Zip: BONITA SPRINGS FL 34135

Title SECRETARY, DIRECTOR
Name GOULD, ROGER
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
 8910 TERRENE COURT STE. 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name DEFORD, MARTIN
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
 8910 TERRENE COURT STE. 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name RICHARDSON, DALE
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
 8910 TERRENE COURT STE. 200
City-State-Zip: BONITA SPRINGS FL 34135

Title TREASURER, DIRECTOR
Name MICHALSKI, KAREN
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
 8910 TERRENE COURT STE. 200
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR
Name ELKINS, ALMA
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
 8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

Title VP, DIRECTOR
Name SHROYER, DAVID L.
Address C/O GULF BREEZE MANAGEMENT SERVICES, INC.
 8910 TERRENE COURT SUITE 200
City-State-Zip: BONITA SPRINGS FL 34135

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: MICHAEL MCDONALD

PRESIDENT

03/27/2023

