

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46570

**FILED**  
**Apr 13, 2016**  
**Secretary of State**  
**CC4113554262**

**Entity Name:** BONITA ST. JAMES VILLAGE, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

C/O GULF BREEZE MGMT SVCS., 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 MGMT SVCS., 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MCDONALD, MICHAEL  
Address 8910 TERRENE COURT, SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title SD  
Name RAYMOND, BARBARA  
Address 8910 TERRENE COURT, SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title TD  
Name ELBERT, DOTTIE  
Address 8910 TERRENE COURT  
SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title VP, DIRECTOR  
Name DEFORD, MARTIN  
Address 8910 TERRENE COURT, SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title D  
Name REGO, PATRICIA  
Address 8910 TERRENE COURT, SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title D  
Name EFFERTZ, STANLEY  
Address 8910 TERRENE COURT, SUITE 200  
City-State-Zip: BONITA SPRINGS FL 34135

Title D  
Name LEWANDOWSKI, AL  
Address 8910 TERRENE CT., #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**

**04/13/2016**

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

\_\_\_\_\_  
Date