2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2010
Secretary of State

DOCUMENT# 700793

Entity Name: BONITA SHORES & LITTLE HICKORY SHORES IMPROVE MENT ASSOCIATION, INC.

Current Principal Place of Business:

S W COR. 3RD ST. AND WEST L.H.S
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

315 W. AVE.
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 59-1215650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KETTLES, JOANNE
233 W. 3RD ST
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: AKE, JAMES
Address: 195 4TH ST
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: VP
Name: LEE, GARY
Address: 165 4TH ST
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: T
Name: KETTLES, JOANNE
Address: 233 3RD STREET
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: SECR
Name: LEE, KAY
Address: 154 2ND STREET
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: D
Name: MAGIO, EMILY
Address: 250 2ND ST
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: D
Name: ALMEIDA, EVA
Address: 119 4TH STREET
City-St-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: JOANNE KETTLES TREA 02/20/2010

Electronic Signature of Signing Officer or Director Date