

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748060

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: BONITA POLYNESIAN, INC.

## Current Principal Place of Business:

27601 ARROYAL ROAD  
#121  
BONITA SPRINGS, FL 33935

## New Principal Place of Business:

## Current Mailing Address:

27601 ARROYAL ROAD  
#121  
BONITA SPRINGS, FL 34135

## New Mailing Address:

FEI Number: 59-2198961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STURGEON, DOROTHEA  
27601 ARROYAL ROAD  
#121  
BONITA SPRINGS, FL 34135 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: VP ( ) Delete  
Name: JOBIN, MICHEL  
Address: 27671 ARROYAL ROAD #115  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete  
Name: STRZODKA, MARC  
Address: 27671 ARROYAL ROAD #112  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P ( ) Delete  
Name: STURGEON, DOROTHEA  
Address: 27601 ARROYAL #121  
City-St-Zip: BONITA SPRGS, FL 34135

Title: D ( ) Delete  
Name: BISOGNO, JODI  
Address: 27600 SOUTH VIEW DR. #156  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete  
Name: RUIZ, TERESA  
Address: 27670 S VIEW DR 137  
City-St-Zip: BONITA SPRINGS, FL 34135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES MEADE

VPD

03/24/2009

Electronic Signature of Signing Officer or Director

Date