

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 750844

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

**Entity Name:** BONITA SPRINGS ASSISTANCE OFFICE, INC.

**Current Principal Place of Business:**

25300 BERNWOOD DRIVE  
SUITE 6  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16  
BONITA SPRINGS, FL 34133 US

**New Mailing Address:**

**FEI Number:** 59-2337909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SLABAUGH, MARIBEL  
25300 BERNWOOD DRIVE  
SUITE 6  
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: DT  
Name: DE LOS REYES, LORENA  
Address: 9240 BONITA BEACH RD #200  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DS  
Name: GOMEZ, MAYTEE  
Address: 9160 BONITA BEACH ROAD SE  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: DP  
Name: PRIOLETTI, MIKE  
Address: 5811 PELICAN BAY BLVD. SUITE #102  
City-St-Zip: NAPLES, FL 34108 US

Title: DVP  
Name: FAUBION, RAY  
Address: 4089 TAMiami TRAIL N, SUITE A203  
City-St-Zip: NAPLES, FL 34103 US

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: MARIBEL SLABAUGH

ED

02/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date