


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90038 021 \*\*\*\*61.25

**DOCUMENT # 753022**

1. Entity Name  
**THE ROTARY CLUB OF BONITA SPRINGS, INC.**



Principal Place of Business  
**HIGHLAND WOOD CC  
 9100 HIGHLAND WOOD BLVD  
 BONITA SPRINGS, FL 34135**

Mailing Address  
**P. O. BOX 474  
 BONITA SPRINGS, FL 34133 US**

**60016106**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01262006 Chg-NP CR2E037 (11/05)

City & State  
 Zip Country

4. FEI Number  
**59-1882094**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PETER J. FRABUTT, CPA  
 9220 BONITA BEACH RD, #105  
 BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent  
 Name  
**LAWRENCE AST, CPA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9420 BONITA BEACH ROAD, SUITE 200**  
 City  
**BONITA SPRINGS** FL Zip Code  
**34135**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lawrence Ast* **Treasurer** DATE **2/3/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELBBING, PAUL 28370 VERDE LANE BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAGY, BOB 24729 LYONIA LANE BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, CLARA 25201 DIVOT DR BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD HAMLIN, RICHARD E 3380 CREEKVIEW DRIVE BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDERICKSON, DICK 4191 KIRBY LANE ESTERO, FL 33928	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MYERS, GERRY 1889 WINDING OAKS WAY NAPLES, FL 34109	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, GUY 3442 MARBELLA COURT, B.S. FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AST, LAWRENCE 1620 CAYMAN COURT, NAPLES, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD PARTIN, FRED PO BOX 368091, B.S., FL 34136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOREIN, JAMES 27821 RIVERWALK WAY, B.S. FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence Ast* **Treasurer** DATE **2/3/06** Daytime Phone # **2399926211**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #