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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:25

DOCUMENT # 755915 (6)

1. Corporation Name

BONITA ISLE MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% EDWARD DICKER 500 AUSTRALIAN AVENUE SOUTH, SUITE 600 WEST PALM BEACH FL 33401	% EDWARD DICKER 8130 HAVASU CT LAKE WORTH FL 33467 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1981
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-2150221 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ST. JOHN, KING & DICKER
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Edw Dicker of St John King & Dicker* 3/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PRESIDENT DIRECTOR	☒ Change ☐ Addition
NAME	MASSUCCI, RALPH	1.2 NAME	MASSUCCI, RALPH	
STREET ADDRESS	5434 ALTA WAY	1.3 STREET ADDRESS	5434 ALTA WAY	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	DENEZZA, PHILIP	2.2 NAME	DENEZZA, Philip	
STREET ADDRESS	8450 BONITA ISLE DRIVE	2.3 STREET ADDRESS	8450 BONITA ISLE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	PD	3.1 TITLE	TREASURER DIRECTOR	☒ Change ☐ Addition
NAME	GILLIG, PHILIP	3.2 NAME	Gillig, Philip	
STREET ADDRESS	8597 BONITA ISLE DR.	3.3 STREET ADDRESS	8597 Bonita Isle DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	D	4.1 TITLE	DIRECTOR	☐ Change ☐ Addition
NAME	MARZELLI, NICHOLAS	4.2 NAME	MARZELLI, Nicholas	
STREET ADDRESS	5385 ALTA WAY	4.3 STREET ADDRESS	5385 Alta WAY	
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	5.1 TITLE	VICE PRESIDENT DIRECTOR	☒ Change ☐ Addition
NAME	CHERNACK, JESS	5.2 NAME	CHERNAK, JESS	
STREET ADDRESS	8453 BONITA ISLE DRIVE	5.3 STREET ADDRESS	8453 Bonita Isle DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	TD	6.1 TITLE	SECRETARY DIRECTOR	☐ Change ☒ Addition
NAME	RUBIN, JEROME	6.2 NAME	MARC DICHTER	
STREET ADDRESS	8345 BONITA ISLE DR.	6.3 STREET ADDRESS	8345 Bonita Isle DR	
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[signature]* RALPH MASSUCCI 2/28/95 407-9..
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #