

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90223 042 ****70.00

DOCUMENT # 755915

1. Entity 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 33467-5533 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
59-2150221		Not Applicable	
5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ST. JOHN, DICKER & CAPLA 500 AUSTRALIAN AVENUE SOUTH, SUITE 600 WEST PALM BEACH FL 33401		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

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

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASSUGGI, RALPH 5434 ALTA WAY LAKE WORTH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-VP HELEN HERCHE 8353 BONITA ISLE DR. LAKE WORTH, FL. 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERCHE, HELEN 8353 BONITA ISLE DR LAKE WORTH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEVEN CORTES 8466 BONITA ISLE DR. LAKE WORTH, FL. 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTES, STEVEN 8466 BONITA ISLE DRIVE LAKE WORTH FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRA, VICTOR 8605 BONITA ISLE DRIVE LAKE WORTH FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JESS, CHERNAK 8453 BONITA ISLE DRIVE LAKE WORTH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH KALIL 8434 BONITA ISLE DR. LAKE WORTH, FL. 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **4/12/00 (561) 968-6610**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #