2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 755915

Entity Name: BONITA ISLE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8130 HAVASU COURT
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 541332
LAKE WORTH, FL 334541332 US

New Mailing Address:

FEI Number: 59-2150221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ST. JOHN, CORE, & LEMME, P.A
CENTURIAN TOWER
1601 FORUM PLACE STE 701
WEST PALM BEACH, FL 33401 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: PD ( ) Delete
Name: VITELLI, JAMES M
Address: 5447 ALTA WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD ( ) Delete
Name: GUASTELLA, JOSEPH
Address: 8508 BONITA ISLE DR
City-St-Zip: LAKE WORTH, FL 33467

Title: TD ( ) Delete
Name: NEILSON, PATRICIA
Address: 8353 BONITA ISLE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: SD ( ) Delete
Name: LOCKEN, MARGARET
Address: 8317 BONITA ISLE DR
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: HAMES, EARL
Address: 5459 ALTA WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: SERRA, VICTOR
Address: 8605 BONITA ISLE DRIVE
City-St-Zip: LAKE WORTH, FL 33467

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:

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: MARGARET LOCKEN SD 04/13/2009

Electronic Signature of Signing Officer or Director — Date