

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 759396

1. Entity Name
BONITA RESORT & CLUB ASSOCIATION, INC.



Principal Place of Business
**26101 HICKORY BLVD
BONITA BEACH, FL 33923 US**

Mailing Address
**P.O. BOX 540669
MERRITT ISLAND, FL 32954 US**



05042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2167811

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TAKACS, JOE
271 CROCKETT BLVD.
MERRITT ISLAND, FL 32953**

**DO NOT WRITE
IN THIS SPACE**

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

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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SKRIVAN, ARTHUR
25730 HICKORY BLVD, 8363C
BONITA SPRINGS, FL 34134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BANKER, ALBERT
26881 WEDGEWOOD DR.
LAKESIDE VILLA, IL 34134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BRIDGES, JIM
114 WINESAP RD
PITTSFIELD, MA 01201**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WALLGREEN, ALRIC
4706 SPRING CREEK DR.
BONITA SPRINGS, FL 34134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MADGE, EDWARD
2601 W BROWARD BLVD
FORT LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARRIE, JAMES
24208 GIANT GULCH
EVERGREEN, CO 80439**

1100000363038
05/05/05-80142-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #