

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

FILED
May 31, 2006 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**



05242006 No Chg-NP CR2E037 (4/06)

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 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SKRIVAN, ARTHUR
STREET ADDRESS 25730 HICKORY BLVD, 6363C
CITY-ST-ZIP BONITA SPRINGS, FL 34134

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

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

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

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

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

U00000586419
05/31/06-80002-018 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-06

Date

239-992-5198

Daytime Phone #