

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90009 027 \*\*\*\*61.25

**DOCUMENT # N02000008666**

1. Entity Name

SENIORS OF BONITA SPRINGS, INC.



Principal Place of Business

P O BOX 2222  
BONITA SPRINGS FL 34133

Mailing Address

P O BOX 2222  
BONITA SPRINGS FL 34133



2. Principal Place of Business

26781 Sammeset Way  
Suite, Apt. #, etc.

3. Mailing Address

26781 Sammeset Way  
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Bonita Springs, FL  
Zip 34135 Country Lee

City & State

Bonita Springs, FL  
Zip 34135 Country Lee

4. FEI Number

35-2187882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERBST, W.  
26692 HICKORY BLVD.  
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name Mary Beth Burrows  
Street Address (P.O. Box Number is Not Acceptable)  
26781 Sammeset Way  
City Bonita Springs FL Zip Code 34135

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 Mary Beth Burrows Treasurer

March 3, 2006

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JAMES, BETTY	
STREET ADDRESS	P O BOX 2222	
CITY-ST-ZIP	BONITA SPRINGS FL 34133	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NELSON, DON	
STREET ADDRESS	P O BOX 2222	
CITY-ST-ZIP	BONITA SPRINGS FL 34133	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HERBST, W	
STREET ADDRESS	P O BOX 2222	
CITY-ST-ZIP	BONITA SPRINGS FL 34133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbst, W.	
STREET ADDRESS	26692 Hickory Blvd	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Beth Burrows	
STREET ADDRESS	26781 Sammeset Way	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mary Beth Burrows

March 3, 2006