

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008666

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: SENIORS OF BONITA SPRINGS, INC.

**Current Principal Place of Business:**

26781 SAMMOSET WAY  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

26781 SAMMOSET WAY  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 35-2187882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURROWS, MARY BETH  
26781 SAMMOSET WAY  
BONITA SPRINGS, FL 34135 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: JAMES, BETTY  
Address: P O BOX 2222  
City-St-Zip: BONITA SPRINGS, FL 34133

Title: VPD ( ) Delete  
Name: HERBST, W  
Address: 26692 HICKORY BLVD  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD ( ) Delete  
Name: BURROWS, MARY BETH  
Address: 26781 SAMMOSET WAY  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ASLETT, RUTH  
Address: 27172 DRIFTWOOD DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

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: MARY BETH BURROWS

TD

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date