

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008666

**FILED**  
**Jan 11, 2011**  
**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:**

26457 CLARKSTON DR.  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

26781 SAMMOSET WAY  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

26457 CLARKSTON DR.  
BONITA SPRINGS, FL 34135

**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:**

CROTEAU, NANCY  
26457 CLARKSTON DR.  
BONITA SPRINGS, FL 34135 US

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: NANCY CROTEAU

01/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ASLETT, RUTH  
Address: 27172 DRIFTWOOD DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135

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

Title: TD  
Name: CROTEAU, NANCY  
Address: 26457 CLARKSTON DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: NANCY CROTEAU

TD

01/11/2011

Electronic Signature of Signing Officer or Director

Date