2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004
Secretary of State

DOCUMENT# N03000004167

Entity Name: BONITA SPRINGS COMMUNITY TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

22805 OAKWILDE BLVD
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

22805 OAKWILDE BLVD
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-0326046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIZZO, THOMAS F
2340 PERIWINKLE WAY, J2
SANIBEL, FL 33957 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:	DPST	( ) Delete
Name:	MONHOLLEN, BRUCE	
Address:	8477 CORAL DRIVE	
City-St-Zip:	FT MYERS, FL 33912	
Title:	V	( ) Delete
Name:	BURGE, MIKE	
Address:	7791 GEORGIAN BAY CIR #203	
City-St-Zip:	FT MYERS, FL 33912	
Title:	D	( ) Delete
Name:	RIZZO, THOMAS F	
Address:	2340 PERIWINKLE WAY, J2	
City-St-Zip:	SANIBEL, FL 33957	
Title:	D	( ) Delete
Name:	CONSTANTINE, KERRY	
Address:	8871 WOODGATE DR	
City-St-Zip:	FT MYERS, FL 33908	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 for the exemption stated in Section 119.07(3)(i), 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: BRUCE MONHOLLEN DPST 03/09/2004

Electronic Signature of Signing Officer or Director — Date