

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000004167

FILED
Mar 10, 2008
Secretary of State

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:

PO BOX 536
ESTERO, FL 33928

FEI Number: 20-0326046 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: THOMAS F RIZZO

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MONHOLLEN, BRUCE
Address: 8477 CORAL DRIVE
City-St-Zip: FT MYERS, FL 33912

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: DPST () Change (X) Addition
Name: VINAL, ROBERT D
Address: 17496 HOMEWOOD RD
City-St-Zip: FT MYERS, FL 33967

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: ROBERT D VINAL

P

03/10/2008

Electronic Signature of Signing Officer or Director

Date