## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2007 8:00 am Secretary of State

DOCUMENT # N06223  1. Entity Name BONITA SPRINGS HISTORICAL SOCIETY, INC.					01-29-2007 90083 016 ****61.25				
27142 RIVERSIDE DR P 0		Mailing Address P O BOX 3015 BONITA SPRINGS, FL 34	133 US						
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address	· · ·						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		010	042007 c	hg-NP	CR2E03	37 (12/06)	
City & State		City & State			El Number 59-24829	32	<del></del> .	<del></del>	olied For
Zip	Country	Zip	Country			Status Desired		\$8.75 Addi	
	6. Name and Address of Current Re	egistered Agent		7. N	lame and Ad	dress of New			
			Name ¿			Λ (			
POOL, XANDRA 24632 IVORY CANE DR. #201				Street Address (P.O. Box Number is Not Acceptable)					
BONITA SI	PRINGS, FL 34134		98		CITAG	DEL L	N #;	206	·
			City	BONITA SPRINGS FL ZID COOP 135					
	named entity submits this statement for tools of registered agent.  Buttoy M. Wa					n the State of F			
SIGNATURE .	Signature, typed or prines name of registered agent an	d title if applicable. (NOTE R	Registered Agent signature	ire required when re		<u>√ √ / / / / / / / / / / / / / / / / / /</u>	DATE	7 2 - 0	<u> </u>
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor			00 May Be		Make check	c payable to tment of St	
	550 by may 1, 2001		III IDation.	☐ Adde	C (C : 663	1			
10.	OFFICERS AND DIRE	CTORS	11.			GES TO OFFIC	<u>.</u>	RECTORS IN	
10.		CTORS Delete		ADDIT	IONS/CHAN		<u>.</u>	RECTORS IN	
	OFFICERS AND DIRE D POOL, XANDRA		11. TITLE NAME	ADDIT	IONS/CHANG	FLAN	ERS AND DI	Change	10
TITLE NAME STREET ADORESS	OFFICERS AND DIRE D POOL, XANDRA 24632 IVORY CARE DRIVE#201		11. TITLE NAME STREET ADDRESS	ADDIT 0 6LAZI 2546	ONS/CHANGER, A	LLAN LLWE	CERS AND DI	□ Change . W ≯	10
TITLE NAME STREET ADORESS CITY-ST-ZIP	OFFICERS AND DIRE D POOL, XANDRA 24632 IVORY CARE DRIVE#201 BONITA SPRINGS, FL 34134	☐ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDIT OGLAZI 2546 BONII	IONS/CHANG ER, A O STI TA SP	LLAN LLLWE L RINGS	CERS AND DII	Change WY 4135	10 Addition
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Interest desiry into the information supplied with this filling does not quality for the exemptions contained 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 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: BETSY M WATERS 1/26/2001 239-498-1951
SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date