

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007189

FILED  
Jan 11, 2010  
Secretary of State

**Entity Name:** BONITA SPRINGS ASSISTANCE OFFICE FOUNDATION, INC.

**Current Principal Place of Business:**

10322 PENNSYLVANIA AVENUE  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 16  
BONITA SPRINGS, FL 34133 US

**New Mailing Address:**

FEI Number: 59-2337909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DATI, JAMES D  
4001 TAMIAMI TRAIL NORTH  
SUITE 250  
NAPLES, FL 34103 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: D  
Name: SEACAT, SHEILA R  
Address: 9705 HEATHERSTONE RIVER COURT  
City-St-Zip: ESTERO, FL 33928 US

Title: D  
Name: DATI, JAMES D  
Address: 4001 TAMIAMI TRAIL NORTH, #250  
City-St-Zip: NAPLES, FL 34103 US

Title: D  
Name: HENNELLS, SCOTT D  
Address: 9240 BONITA BCH RD #200  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D  
Name: LOPEZ, JOSE R  
Address: 10140 MAIN DRIVE  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: D  
Name: SALBAUGH, MARIBEL  
Address: 10322 PENNSYLVANIA AVENUE  
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: JAMES D. DATI

D

01/11/2010

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

\_\_\_\_\_  
Date