

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37778

FILED  
Apr 15, 2007  
Secretary of State

**Entity Name:** BONITA BEACH IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

27566 HICKORY BLVD  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3175  
BONITA SPRINGS, FL 34133

**New Mailing Address:**

**FEI Number:** 59-6154997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GILLESPIE, MICKI  
26750 MCLAUGHLIN BLVD.  
BONITA SPRINGS, FL 34134 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: PD ( ) Delete  
Name: BIELSKI, CHRIS  
Address: 27566 HICKORY BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD ( ) Delete  
Name: SHARP, MIKE  
Address: 27773 FORESTER DR.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD ( ) Delete  
Name: HILLGROVE, SARA  
Address: 25815 HICKORY BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: ELLIS, PAT  
Address: 25840 HICKORY BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: TD ( ) Delete  
Name: KLOSTERMAN, JOHN  
Address: 25825 HICKORY BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34134

**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:

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 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: MICKI GILLESPIE

D

04/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date