2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N44632

Entity Name: BONITA SPRINGS AREA HOUSING DEVELOPMENT CORPORATION

Current Principal Place of Business:

27499 RIVEWVIEW CTR BLVD
138
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

27499 RIVEWVIEW CTR BLVD
112
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

PO BOX 3189
BONITA SPRINGS, FL 34133 US

New Mailing Address:

PO BOX 3189
112
BONITA SPRINGS, FL 34133 US

FEI Number: 65-0276988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKEE, DAVID E
22210 FAIRMONT CT
ESTERO, FL 33928 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	( ) Delete
Name:	DRANEY, THOMAS	
Address:	26670 NOBLE LN	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	S	( ) Delete
Name:	CONNOLLY, MICHAEL T	
Address:	26670 NOBEL LANE	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	VP	( ) Delete
Name:	HOLLANDS, LOIS	
Address:	4083 RITA LANE	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	D	( ) Delete
Name:	WILKIE, DENNIS F	
Address:	26630 ROOKERY LAKE DR	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	P	( ) Delete
Name:	MCKEE, DAVID E	
Address:	22210 FAIRMONT CT	
City-St-Zip:	ESTERO, FL 33928	
Title:	T	( ) Delete
Name:	KNOX, MCMASTERS	
Address:	27200 RIVERVIEW CENTER 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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: DAVID MC KEE P 04/27/2009

Electronic Signature of Signing Officer or Director — Date