

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005233

FILED
Jan 21, 2009
Secretary of State

Entity Name: BON ISLE HOMEOWNERS' SUB-ASSOCIATION, INC.

Current Principal Place of Business:

2029 BONISLE CIRCLE
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

2029 BONISLE CIRCLE
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 65-0531698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIGENNARO, GUY
2029 BONISLE CIRCLE
PALM BEACH GARDENS, FL 33418 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: DIGENNARO, GUY
Address: 2029 BONISLE CIR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VD () Delete
Name: CIESLUK, RICHARD
Address: 2096 BONISLE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D () Delete
Name: CIESLUK, MARY
Address: 2096 BONISLE CIR
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: SECY () Delete
Name: VOIGHT, NANCY LEE
Address: 2082 BONISLE CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: T () Delete
Name: JONES, KENNETH L III
Address: 2044 BONISLE CIR
City-St-Zip: PALM BCH GARDENS, FL 33418

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 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: GUY DIGENNARO

PD

01/21/2009

Electronic Signature of Signing Officer or Director

_____ Date