

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005233

FILED  
Mar 21, 2011  
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  
Name: DIGENNARO, GUY  
Address: 2029 BONISLE CIR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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

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

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

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

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: GUY DIGENNARO

PRES

03/21/2011

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

\_\_\_\_\_  
Date