

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 23, 2024**

**Secretary of State**

**1559812723CC**

DOCUMENT# N06223

**Entity Name:** BONITA SPRINGS HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

27451 OLD 41 ROAD  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

P O BOX 3015  
BONITA SPRINGS, FL 34133 US

**FEI Number:** 59-2482932

**Certificate of Status Desired:** No

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

NEWBERY, RANDI F  
3330 CROSSINGS CT  
#205  
BONITA SPRINGS, FL 34134 US

*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:** RANDI F NEWBERY

01/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title 2ND VICE PRESIDENT  
Name GRIFFITH, CHRIS  
Address PO BOX 2363  
City-State-Zip: BONITA SPRINGS FL 34133

Title TREASURER  
Name NEWBERY, RANDI F  
Address 3330 CROSSINGS CT.  
#205  
City-State-Zip: BONITA SPRINGS FL 34134

Title 1ST VICE PRESIDENT  
Name JAMES, JACQUE  
Address 27050 MORA RD  
City-State-Zip: BONITA SPRINGS FL 34135

Title PRESIDENT  
Name BOTANA, DERRICK J  
Address 5124 BONITA BEACH ROAD  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name BACHMAN, BARBARA  
Address 25875 HICKORY BLVD  
401  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name LEONE, CAROL  
Address 26118 BONITA FAIRWAYS CIRCLE  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name MASTERS, SUZANNE  
Address 25140 SANDPIPER GREEN  
#101  
City-State-Zip: BONITA SPRINGS FL 34134

Title SECRETARY  
Name LONG, MICHAEL S  
Address 3450 LAKEMONT DR.  
City-State-Zip: BONITA SPRINGS FL 34134

**Continues on page 2**

*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:** DERRICK J. BOTANA

PRESIDENT

01/23/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WORTH, CARLA  
Address 27597 LIME ST  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name SANFORD, JERRY  
Address 1347 OLD OAK LN  
City-State-Zip: NAPLES FL 34110

Title DIRECTOR  
Name NEWBERY, ROBERT C  
Address 3330 CROSSINGS CT  
#205  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name PIPER, ASHLEY D  
Address 10725 WILSON ST  
#6  
City-State-Zip: BONITA SPRINGS FL 34135