

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06223

**FILED**  
**Jan 27, 2023**  
**Secretary of State**  
**1446718951CC**

**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:**

LONG, MICHAEL S  
3450 LAKEMONT DR.  
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:** MICHAEL S LONG

01/27/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title 2ND VP  
Name VALENTINE, SUZI  
Address 10971 RAGSDALE ST.  
City-State-Zip: BONITA SPRINGS FL 34135

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

Title FIRST VP  
Name WHITTEMORE, BONNIE  
Address 25151 FAIRWAY DUNES CT  
City-State-Zip: BONITA SPRINGS FL 34135

Title PRES  
Name BOTANA, DERRICK  
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 JAMES, JACQUE  
Address 27050 MORA RD.  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name SIMMONS, MARTHA  
Address 9052 SOMERSET LANE  
City-State-Zip: BONITA SPRINGS FL 34135

**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:** MICHAEL S LONG

**TREASURER**

01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SIMMONS, WILLIAM  
Address 9052 SOMERSET LANE  
City-State-Zip: BONITA SPRINGS FL 34135

Title SEC.  
Name NEWBERY, RANDI  
Address 3300 CROSSINGS CT. #205  
City-State-Zip: BONITA SPRINGS FL 34134

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

Title DIRECTOR  
Name CORREIA, ANTONIO  
Address 17829 OAKMONT RIDGE CIRCLE  
City-State-Zip: FORT MYERS FL 33967