

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:

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

04/09/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title 1ST VP
Name BOOCHER, BARB
Address 10340 RIVER DR
City-State-Zip: BONITA SPRINGS FL 34135

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

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

Title DIRECTOR
Name BOTANA, DERRICK
Address P O BOX 3015
City-State-Zip: BONITA SPRINGS FL 34133

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

Title SECRETARY
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 BORSA, ZAWI
Address PO BOX 3015
City-State-Zip: BONITA SPRINGS FL 34133

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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 LONG

TREASURER

04/09/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WIEBOLD, MICHELLE
Address 10390 RIVER RD.
City-State-Zip: BONITA SPRINGS FL 34135

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

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

Title DIRECTOR
Name SAAD, PAUL
Address 3110 SEASON WAY
#205
City-State-Zip: ESTERO FL 33928