

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06223

**FILED**  
**Feb 20, 2020**  
**Secretary of State**  
**6209702918CC**

**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

02/20/2020

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

**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 LONG

**TREASURER**

02/20/2020

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