# 2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07041

Entity Name: BONITA BAY COMMUNITY ASSOCIATION, INC.

FILED
Mar 31, 2025
Secretary of State
6736759029CC

#### **Current Principal Place of Business:**

3451 BONITA BAY BOULEVARD

SUITE 200

BONITA SPRINGS, FL 34134

#### **Current Mailing Address:**

3451 BONITA BAY BOULEVARD SUITE 200 BONITA SPRINGS, FL 34134 US

FEI Number: 59-2497446 Certificate of Status Desired: Yes

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

KAYE BENDER REMBAUM ATTORNEYS AT LAW 1200 PARK CENTRAL BOULEVARD SOUTH POMPANO BEACH, FL 33064 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. BENDER 03/31/2025

Electronic Signature of Registered Agent Date

Officer/Director Detail:

#305

Title PRESIDENT Title SECRETARY

Name DELUCA-FORD, JUDY Name KELLAM, LARRY

Address 27488 ARBOR STRAND Address 3411 RIVERPARK COURT

City-State-Zip: BONITA SPRINGS FL 34134 City-State-Zip: BONITA SPRINGS FL 34134

Title VICE PRESIDENT Title DIRECTOR

Name GILKEY, DENNIS Name HAGER, SUSAN

Address 27850 RIVERWALK WAY Address 26300 DEVONSHIRE CT., #203
City-State-Zip: BONITA SPRINGS FL 34134
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR Title TREASURER

Name MCLEMORE, BARBARA Name BREEN, RONALD

Address 3310 RIVIERA LAKES COURT Address 4557 SHELL RIDGE COURT

City-State-Zip: BONITA SPRINGS FL 34134

City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR Title GENERAL MANAGER

Name BENNETT, MEL Name OZSOY, ALP

Address 3631 WILD PINES DR Address 3451 BONITA BAY BOULEVARD

SUITE 200

**OPERATIONS** 

City-State-Zip: BONITA SPRINGS FL 34134 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: CELIA SEIFERT DIRECTOR OF 03/31/2025

## Officer/Director Detail Continued:

DIRECTOR OF OPERATIONS Title

SEIFERT, CELIA Name

3451 BONITA BAY BOULEVARD SUITE 200 Address

City-State-Zip: BONITA SPRINGS FL 34134