

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07041

Entity Name: BONITA BAY COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**3451 BONITA BAY BOULEVARD
SUITE 100
BONITA SPRINGS, FL 34134**Current Mailing Address:**3451 BONITA BAY BOULEVARD
SUITE 100
BONITA SPRINGS, FL 34134 US**FEI Number: 59-2497446****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	CALABRESE, JOE
Address	27408 ARBOR STRAND DR.
City-State-Zip:	BONITA SPRINGS FL 34134

Title	PRESIDENT
Name	KELLAM, LARRY
Address	3411 RIVERPARK COURT
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	MCKENZIE, ROD
Address	26000 OSPREY NEST CT.
City-State-Zip:	BONITA SPRINGS FL 34134

Title	TREASURER
Name	GAROFALO, BRIAN
Address	27117 SHELL RIDGE CIRCLE
City-State-Zip:	BONITA SPRINGS FL 34134

Title	VICE PRESIDENT
Name	SHELLENBARGER, DAVID
Address	3668 WOODLAKE DRIVE
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	DELUCA-FORD, JUDY
Address	27488 ARBOR STRAND DR.
City-State-Zip:	BONITA SPRINGS FL 34134

Title	DIRECTOR
Name	HOLLENHORST, SANDY
Address	27351 HIDDEN RIVER CT.
City-State-Zip:	BONITA SPRINGS FL 34134

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: LARRY KELLAM**PRESIDENT****03/23/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date