

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010594

**Entity Name:** BONITA WONDER GARDENS, INC.**Current Principal Place of Business:**27180 OLD 41 ROAD  
BONITA SPRINGS, FL 34135**Current Mailing Address:**27180 OLD 41 ROAD  
BONITA SPRINGS, FL 34135 US**FEI Number: 46-4168846****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ANDERSON, NEIL S  
27180 OLD 41 RD  
BONITA SPRINGS, FL 34135 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: NEIL ANDERSON****09/03/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           VARS, LARRY  
Address       27180 OLD 41 ROAD  
City-State-Zip: BONITA SPRINGS FL 34135

Title           PRESIDENT, CEO  
Name           ANDERSON, NEIL  
Address       27180 OLD 41 ROAD  
City-State-Zip: BONITA SPRINGS FL 34135

Title           SECRETARY  
Name           TASSO, EILEEN  
Address       27180 OLD 41 ROAD  
City-State-Zip: BONITA SPRINGS FL 34135

Title           DIRECTOR  
Name           EWING, DIANE CATHERINE  
Address       27180 OLD 41 ROAD  
City-State-Zip: BONITA SPRINGS FL 34135

Title           DIRECTOR  
Name           LIN, DAMIEN DR.  
Address       27180 OLD 41 ROAD  
City-State-Zip: BONITA SPRINGS FL 34135

Title           DIRECTOR  
Name           WHITE, ALAN DR.  
Address       27180 OLD 41 ROAD  
City-State-Zip: BONITA SPRINGS FL 34135

Title           CHAIRMAN  
Name           ARSENAULT, WENDY DR.  
Address       27180 OLD 41 ROAD  
City-State-Zip: BONITA SPRINGS FL 34135

Title           DIRECTOR  
Name           WHITE, MARJO  
Address       27180 OLD 41 ROAD  
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: NEIL ANDERSON****CEO/PRESIDENT****09/03/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SWANEPOEL, ANGELA  
Address 27180 OLD 41 ROAD  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name HAMMOND, MICHAEL  
Address 27180 OLD 41 ROAD  
City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR  
Name PEDRETTI, JULIE  
Address 27180 OLD 41 ROAD  
City-State-Zip: BONITA SPRINGS FL 34135