2019 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:

P.O. BOX 822

BONITA SPRINGS, FL 34133 US

FEI Number: 46-4168846 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLAMMANG, DONNA M ESQ. 27200 RIVERVIEW CENTER BLVD SUITE 310 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: DONNA M. FLAMMANG, ESQUIRE

04/03/2019

FILED Apr 03, 2019

Secretary of State

2216670041CC

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR, PRESIDENT AND

EXECUTIVE DIRECTOR

Name HECKER, THOMAS

Address 27180 OLD 41 ROAD

City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR

Name DOUGLAS, WILLIAM

Address 3794 ASCOT BEND COURT

City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR

Name RUBACKY, MARJORIE

Address 26455 S. TAMIAMI TRAIL

APT. 4213

City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR, VP

Name FLAMMANG, DONNA

Address 27200 RIVERVIEW CENTER

SUITE 310

City-State-Zip: BONITA SPRINGS FL 34134

SIGNATURE: THOMAS HECKER

Title CHAIRMAN

Name WEIDENMILLER, WESTLEY

Address 10940 HARMONY PARK DRIVE

City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR

Name MCCURDY, JACKE

Address 3070 GREENFLOWER COURT

City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR

Name BRAENDLE, DEBI

Address 9240 BROOKWOOD COURT

City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR

Name GUTSHALL, LINDA

Address 1025 COLLINS CENTER WAY

City-State-Zip: NAPLES FL 34110

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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.

Electronic Signature of Signing Officer/Director Detail

EXECUTIVE DIRECTOR

04/03/2019

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name MCINTOSH, CONNIE

Address 24461 WOODSAGE DRIVE
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR

Name SMITH, SABRA

Address 27290 RIVER ROYALE CT.

City-State-Zip: BONITA SPRINGS FL 34135

Title DIRECTOR, TREASURER

Name HAGEN, BETH PH.D

Address 25216 PELICAN CREEK

APT. #103

City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR

Name VESTAL, CONNIE

Address 24201 WALDEN CENTER DR. City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR

Name ANDERSEN, RUSSELL J
Address 26790 S. TAMIAMI TRAIL
City-State-Zip: BONITA SPRINGS FL 34135