

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000057618

Entity Name: BONITA SPRINGS I CORPORATION**Current Principal Place of Business:**1600 SAWGRASS CORPORATE PKWY STE 400
SUNRISE, FL 33323**Current Mailing Address:**1600 SAWGRASS CORPORATE PKWY STE 400
SUNRISE, FL 33323**FEI Number:** 47-4813520**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HELFMAN, STEVEN M
1600 SAWGRASS CORPORATE PKWY STE 400
SUNRISE, FL 33323 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 P
Name EZRATTI, MISHA J.
Address 1600 SAWGRASS CORPORATE PKWY
STE 400
City-State-Zip: SUNRISE FL 33323

Title VP, ASST. SECRETARY
Name FANT, ALAN J.
Address 1600 SAWGRASS CORPORATE PKWY
STE 400
City-State-Zip: SUNRISE FL 33323

Title VP
Name NORWALK, RICHARD M.
Address 1600 SAWGRASS CORPORATE PKWY
STE 400
City-State-Zip: SUNRISE FL 33323

Title VP, TREASURER
Name MENENDEZ, N. MARIA
Address 1600 SAWGRASS CORPORATE PKWY
STE 400
City-State-Zip: SUNRISE FL 33323

Title VP, SECRETARY
Name HELFMAN, STEVEN M. ESQ.
Address 1600 SAWGRASS CORPORATE PKWY
STE 400
City-State-Zip: SUNRISE FL 33323

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD M. NORWALK

VP

04/25/2019

Electronic Signature of Signing Officer/Director Detail

Date