



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90032 031 ****61.25

DOCUMENT # 723118 1. Entity Name BOCA CIEGA POINT EAST TEN CONDOMINIUM CORPORATION, INC					
Principal Place of Business 275 BOCA CIEGA POINT BLVD ST. PETERSBURG, FL 33708			Mailing Address 275 BOCA CIEGA POINT BLVD ST. PETERSBURG, FL 33708		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">40045444</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 01242008 Chg-NP CR2E037 (12/06) </div>	
City & State		City & State		4. FEI Number 59-1561104 <div style="float: right; border: 1px solid black; padding: 2px; font-size: 0.7em;"> Applied For Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEDERATION OF BOCA CIEGA PT CONDO, INC. 275 BOCA CIEGA POINT BLVD ST. PETERSBURG, FL 33708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RONIGER, JERRY 275 BOCA CIEGA PT. BLVD ST. PETERSBURGER, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, BONNIE 275 BOCA CIEGA PT. BLVD. SAINT PETERSBURG, FL 33708 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIPOLLA, FRANK 275 BOCA CIEGA PT. BLVD. SAINT PETERSBURG, FL 33708 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAHILL, PAT 275 BOCA CIEGA PT BLVD ST. PETERSBURG, FL 33708 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARDS, LARRY 275 BOCA CIEGA PT. BLVD SAINT PETERSBURG, FL 33708 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Patricia A. Cahill</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="text-align: right; font-size: 1.2em;">2/25/08</div> <small>Date</small>	
<div style="text-align: right; font-size: 0.8em;">Daytime Phone #</div>					