

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 18, 2009
Secretary of State**

DOCUMENT# 729232

Entity Name: BOCA CIEGA POINT EAST NINETEEN CONDOMINIUM CORPORATION, INC.

Current Principal Place of Business:

275 BOCA CIEGA POINT BLVD.
ST. PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

275 BOCA CIEGA POINT BLVD.
ST. PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 59-1561112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEDERATION OF BOCA CIEGA PT CONDO, INC.
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG, FL 33708 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: CAMPBELL, DOROTHY
Address: 275 BOCA CIEYA PT RD
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: PD () Delete
Name: LELUCA, DAVID
Address: 275 BODA CIEGA PT. BV.
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: SD () Delete
Name: MILLS, PAMELA
Address: 275 BOCA CIESA POINT BLVD
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: VPD () Delete
Name: HUGHES, YVONNE
Address: 275 BOCA CIEGA PT BLVD
City-St-Zip: SAINT PETERSBURG, FL 33708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: CAMPBELL, DOROTHY
Address: 275 BOCA CIEGA PT BLVD
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: VPD (X) Change () Addition
Name: LELUCA, DAVID
Address: 275 BODA CIEGA PT. BV.
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: HUGHES, YVONNE
Address: 275 BOCA CIEGA PT BLVD
City-St-Zip: SAINT PETERSBURG, FL 33708

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PAMELA MILLS

SECT

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date