

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **745650** (2)
1. Corporation Name
THE BOATYARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**1388 CHESAPEAKE AVE.
NAPLES FL 33962**

Mailing Address
**1388 CHESAPEAKE AVE.
NAPLES FL 33962**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified 01/22/1979	
4. FEI Number 59-2793624	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOFFET, ROBERT W.
1388 CHESAPEAKE AVE.
NAPLES FL 33962 34102**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MUSGRAVE, DAVID
STREET ADDRESS	1384 CHESAPEAKE AVE.
CITY-ST-ZIP	NAPLES FL
TITLE	VD
NAME	DENNIS, JAY W.
STREET ADDRESS	RR #3 BOX 100
CITY-ST-ZIP	ROSEDALE IN
TITLE	STD
NAME	MOFFET, ROBERT W.
STREET ADDRESS	1388 CHESAPEAKE AVE.
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD
1.2 NAME	MUSGRAVE, DAVID
1.3 STREET ADDRESS	1384 CHESAPEAKE AVE
1.4 CITY-ST-ZIP	NAPLES FL 34102
2.1 TITLE	TD
2.2 NAME	O'HARA, PATRICIA
2.3 STREET ADDRESS	1380 CHESAPEAKE AVE
2.4 CITY-ST-ZIP	NAPLES, FL 34102
3.1 TITLE	PD
3.2 NAME	MOFFET, ROBERT W.
3.3 STREET ADDRESS	1388 CHESAPEAKE AVE
3.4 CITY-ST-ZIP	NAPLES, FL 34102
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert W. Moffet Robert W. Moffet 4/1/98 941-725-6264

CR2E037 (10/97)