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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **745650**

1. Corporation Name
THE BOATYARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1388 CHESAPEAKE AVE. 1388 CHESAPEAKE AVE.
NAPLES FL 33962 NAPLES FL 33962-



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1	1388 Chesapeake Ave	26	1388 Chesapeake Ave	01/22/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-2793624	
2		27		Applied For	
				Not Applicable	
3. City & State		3. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
Naples, FL		Naples, FL		\$8.75 Additional Fee Required	
4. Zip		4. Zip		6. Election Campaign Financing <input type="checkbox"/>	
34102		34102		\$5.00 May Be Added to Fees	
25		29		30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MOFFET, ROBERT W.		81 Name	
1388 CHESAPEAKE AVE.		82 Street Address (P.O. Box Number is Not Acceptable)	
NAPLES FL 33962		83	
		84 City	
		FL	
		85 Zip Code	
		34102	

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSGRAVE, DAVID	1.2 NAME	
STREET ADDRESS	1384 CHESAPEAKE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'HARA, PATRICIA	2.2 NAME	Gould, Patrick
STREET ADDRESS	1380 CHESAPEAKE AVE	2.3 STREET ADDRESS	1380 Chesapeake Ave
CITY-ST-ZIP	NAPLES FL 34102	2.4 CITY-ST-ZIP	Naples, FL 34102
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	Treasurer Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOFFET, ROBERT W.	3.2 NAME	
STREET ADDRESS	1388 CHESAPEAKE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34102	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **S. [Signature]** Date: **2/2/99** Daytime Phone #: **941-775-6264**

CR2E037 (11/98)