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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **752559** **(5)**

1. Corporation Name

BOCA CIEGA VILLAGE CONDOMINIUM I ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
K & K MANAGEMENT 2850 GULF SHORE BV N NAPLES FL 33940	K & K MANAGEMENT 2850 GULF SHORE BV N NAPLES FL 34103-4388

3. Date Incorporated or Qualified: **05/21/1980**
3a. Date of Last Report: **02/15/1996**

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

4. FEI Number: **59-2163077** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BRYANT, EDWARD R. JR.
3301 DAVIS BV STE 301
NAPLES FL 33942

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 _____ 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	VPD	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	CHILDS, ROBERT		1.2 NAME	Wittenauer, Alan	
STREET ADDRESS	1040 PINE ISLE LANE		1.3 STREET ADDRESS	1063 Pine Isle Ln	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples FL	
TITLE	P	☒ DELETE	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	BIRGE, PHIL		2.2 NAME	Magnuson, Joyce	
STREET ADDRESS	1010 PINE ISLE LANE		2.3 STREET ADDRESS	1033 Pine Isle Ln	
CITY-ST-ZIP	NAPLES, FL 00000		2.4 CITY-ST-ZIP	Naples FL	
TITLE	PDT	☒ DELETE	3.1 TITLE	Treasury	☒ Change ☐ Addition
NAME	SELLAR, GERALD		3.2 NAME	Krsacok, Karen	
STREET ADDRESS	1042 PINE ISLE LANE		3.3 STREET ADDRESS	1084 Pine Isle Ln	
CITY-ST-ZIP	NAPLES, FL 00000		3.4 CITY-ST-ZIP	Naples Fl	
TITLE	PD	☒ DELETE	4.1 TITLE	VPD	☐ Change ☒ Addition
NAME	CHALMERS, JILL		4.2 NAME	Pierce, Robert A.	
STREET ADDRESS	1060 PINE ISLE LANE		4.3 STREET ADDRESS	1093 Pine Isle Ln	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Naples, FL	
TITLE	TSD	☒ DELETE	5.1 TITLE	Dir	☒ Change ☐ Addition
NAME	KNUEPLING, LINDA		5.2 NAME	Dublo, John	
STREET ADDRESS	1049 PINE ISLE LANE		5.3 STREET ADDRESS	1072 Pine Isle Ln	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	Naples Fl	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: X Alan Wittenauer REQUIRED 2/7/97 (941) 774-4264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0068927