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May 06 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 # **752559** **(5)**

1. Corporation Name
BOCA CIEGA VILLAGE CONDOMINIUM I ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
~~K & K MANAGEMENT~~ ~~3060 GULF SHORE BV N~~ ~~NAPLES FL 33940~~	~~K & K MANAGEMENT~~ ~~3060 GULF SHORE BV N~~ ~~NAPLES FL 33940~~

3. Date Incorporated or Qualified: 05/21/1980

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

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 7105	26 P.O. Box 7105
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Naples, FL.	28 City & State: Naples, FL.
24 Zip: 34101 25 Country: USA	29 Zip: 34101 30 Country: USA

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~BRYANT, EDWARD R. JR.~~ ~~3301 DAVIS BV STE 301~~ ~~NAPLES FL 33942~~	81 Name: Beverly Kueter 82 Street Address (P.O. Box Number is Not Acceptable): c/o Sunburst Mgmt. Corp. 83 2079 J & C BLVD. 84 City: Naples FL 85 Zip Code: 34109

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: Beverly Kueter BEVERLY KUETER 3/10/98
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	☐ DELETE	1.1 TITLE	D, P	☒ Change ☐ Addition
NAME	WITTENAUER, ALAN		1.2 NAME		
STREET ADDRESS	1063 PINE ISLE LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP		
TITLE	~~D~~	☐ DELETE	2.1 TITLE	D, T	☒ Change ☐ Addition
NAME	MAGNUSON, JOYCE		2.2 NAME		
STREET ADDRESS	1033 PINE ISLE LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	~~TD~~	☒ DELETE	3.1 TITLE	D, S	☐ Change ☒ Addition
NAME	~~KRSACOK, KAREN~~		3.2 NAME	KAREN HOMIAK	
STREET ADDRESS	~~1084 PINE ISLE LN~~		3.3 STREET ADDRESS	1063 Pine Isle Ln.	
CITY-ST-ZIP	~~NAPLES, FL 00000~~		3.4 CITY-ST-ZIP	Naples, FL	
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PIERCE, ROBERT A.		4.2 NAME		
STREET ADDRESS	1093 PINE ISLE LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	~~DUBLO, JOHN~~		5.2 NAME	CARL KIMMICK	
STREET ADDRESS	~~1072 PINE ISLE LN~~		5.3 STREET ADDRESS	1046 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 (10/97)

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: [signature] REQUIRED 3/10/98 941/591-2040