

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90195 013 *****61.25

04/18/01

DOCUMENT # 752559

1. Entity Name

BOCA CIEGA VILLAGE CONDOMINIUM I ASSOCIATION, INC

Principal Place of Business

**187 FOREST LAKES BLVD.
 NAPLES FL 34105
 US**

Mailing Address

**187 FOREST LAKES BLVD.
 NAPLES FL 34105
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2163077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRACEY, ROBERT T
 187 FOREST LAKES BLVD
 NAPLES FL 34105**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURKETT, JANET 1022 PINE ISLE LN NAPLES FL 34112	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VANVOORHIS, LEON L 1068 PINE ISLE LN NAPLES FL 34112	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOCKERSMITH, FRED 1045 PINE ISLE LN NAPLES FL 34112	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOOD, ROBIN 1083 PINE ISLE LN NAPLES FL 34112	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WECKENMANN, FRED 1032 PINE ISLE LN NAPLES FL 34112	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD GRACEY, ROBERT 187 FOREST LAKES BLVD. NAPLES FL 34112	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Gracey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT GRACEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01
 Date

941-649-5667
 Daytime Phone #

CR2E037 (10/00)