2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90476 041 ****61.25

DOCUMENT # 752559

1. Entity Name
BOCA CIEGA VILLAGE CONDOMINIUM I ASSOCIATION, INC.

50017560

Principal Place of Business	Mailing Address
187 FOREST LAKES BLVD. NAPLES, FL 34105 US	187 FOREST LAKES BLVD. NAPLES, FL 34105 US

04182006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
c/o Resort Management	c/o Resort Management
Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215	Suite, Apt. #, etc. 2685 Horseshoe Dr. S #215
City & State Naples, FL	City & State Naples, FL
Zip: 34104 Country: USA	Zip: 34104 Country: USA

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Janet L. Burkett 4/24/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida 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	D alan wittenauer 4613 Longley Court Naples, FL 34112	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS EDWARDS, DENISE 1078 PINE ISLE LANE NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT GOOD, ROBIN 1083 PINE ISLE LN NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GERMAN, ROBERTA 1089 PINE ISLE LANE NAPLES, FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEANDRADE, RENEE 1075 PINE ISLE LANE NAPLES, FL 34112	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Alan Wittenauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #