2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# 752559

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

Current Principal Place of Business:

C/O ALLIANCE MANAGEMENT, LLC
4100 CORPORATE SQUARE, SUITE 155
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANCE MANAGEMENT, LLC
4100 CORPORATE SQUARE, SUITE 155
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-2163077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLIANCE MANAGEMENT, LLC
4100 CORPORATE SQUARE
SUITE 155
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T
Name: HEDLUND, DALE
Address: 1042 PINE ISLE LANE
City-St-Zip: NAPLES, FL 34112

Title: P
Name: BURKET, JANET
Address: 1022 PINE ISLE LANE
City-St-Zip: NAPLES, FL 34112

Title: D
Name: DICK, EDWARD
Address: 9 CLEGHORN LANE
City-St-Zip: TEWKSBURY, MA 01876

Title: S
Name: REINHARD, JANICE
Address: 1004 PINE ISLE LANE
City-St-Zip: NAPLES, FL 34112

Title: VP
Name: WITTENAUER, ALAN
Address: 1063 PINE ISLE LANE
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANET BURKET P 02/28/2011
Electronic Signature of Signing Officer or Director Date