04291999-90257-018-$61.25-$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90257 018 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756449

1. Corporation Name
BONEFISH YACHT CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
95 COCO PLUM DRIVE MARATHON FL 33050	95 COCO PLUM DRIVE MARATHON FL 33050

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualified: 02/20/1981
4. FEI Number: 59-2079380 ☐ 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

9. Name and Address of Current Registered Agent

BUSCH, EDWARD CPA
5800 OVERSEAS HWY, SUITE 6
MARATHON FL 33050

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	PD	☐ Change ☒ Addition
NAME	SHIVOK, RON		1.2 NAME	Bill Bowditch	
STREET ADDRESS	P O BOX 84 1530 MUNDY POINT RD		1.3 STREET ADDRESS	74 James River Lane	
CITY-ST-ZIP	CALLAO VA 22435		1.4 CITY-ST-ZIP	Newport News VA 23606	
TITLE	SD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BARRS, CARL		2.2 NAME	Carter McComb	
STREET ADDRESS	BOX 1482 7601 GEO WASHINGTON HIGH		2.3 STREET ADDRESS	30 Kenwood Pkwy	
CITY-ST-ZIP	YORKTOWN VA 23692		2.4 CITY-ST-ZIP	St Paul MN 55105	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DOBSON, DICK		3.2 NAME		
STREET ADDRESS	739 THIMBLE SHOALS DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT NEWS VA		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, BRENT		4.2 NAME		
STREET ADDRESS	1324 MATHESON BLVD E		4.3 STREET ADDRESS		
CITY-ST-ZIP	MISSISSAUGA ON L4W22		4.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MITZLAFF, JOE		5.2 NAME		
STREET ADDRESS	95 COCO PLUM UNIT 6D		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL 33050		5.4 CITY-ST-ZIP		
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED See attached fax
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

W.N. [signature] 6/10/99 757 595 2211