2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90063 048 ****61.25

DOCUMENT # 756449

1. Entity Name

BONEFISH YACHT CLUB HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
95 COCO PLUM DRIVE MARATHON FL 33050	PO BOX 510792 KEY COLONY BEACH FL 33051

1st MOORE CR2E037 (10/04)

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 59-2079380 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KALLICHE, ANTHONY
BECKER & POLIAKOFF PA
5201 BLUE LAGOON DR STE 100
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name Renee Svendsen

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

530 10th Street

City Key Colony Bch FL Zip Code 33051

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 Renee Svendsen 1/30/05

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
Due By May 1, 2005

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	D BERGMANN, WILLIAM 5733 NE NORTHGATE LANE LEES SUMMIT MO 64064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Hastings PO Box 2145 Yorktown VA 23692	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARGIOTTA, MARK 95 COCO PLUM DR MARATHON FL 33050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DESHANE, GLORIA 1737 BRAEMAR OAKLAND MI 48363	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCOMB, CARTER 30 KENWOOD PKWY SAINT PAUL MN 55105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Carter McComb 95 Coco Plum Dr #2C Marathon FL 33050	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACKBURN, LOGAN 8210 RED BUD WEST LN INDIANAPOLIS IN 46256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Mark Margiotta Mark Margiotta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #