

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90003 003 ****61.25

DOCUMENT # 756449	
1. Entity Name BONEFISH YACHT CLUB HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 95 COCO PLUM DRIVE MARATHON FL 33050	Mailing Address PO BOX 510792 KEY COLONY BEACH FL 33051
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2. Principal Place of Business - No P.O. Box #		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

1st MOORE CR2E037 (10/07)



6. Name and Address of Current Registered Agent - SVENDSEN, RENEE - 530 10TH STREET KEY COLONY BEACH FL 33051	
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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 _____
Signature, typed or printed name of registered agent and etc. if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BERGMANN, WILLIAM 5733 NE NORTHGATE LANE LEES SUMMIT MO 64064 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mark Mangiotta 95 Coco Plum #4A Marathon FL 33050 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SWATIK, DONALD 25 GRACE AVE SUTTON MA 01590 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HASTINGS, ROBERT PO BOX 2145 YORKTOWN VA 23962 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ORTH, WILLIAM 95 COCO PLUM DR #4B MARATHON FL 33050 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROMINE, PAUL 10165 E 121 ST FISHERS IN 46038 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ☒ 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 exemptions contained in Section 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: *William Orth* *William Orth* 2/20/08 305.743-6348