

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90059 015 ****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

**95 COCO PLUM DRIVE
MARATHON FL 33050**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	VPD SHIVOK, RON P O BOX 84 1530 MUNDY POINT RD CALLAO VA 22435 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D mark Mangiotta 95 COCO PLUM DR Marathon FL 33050 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWDITCH, BILL 94 JAMES RIVER LANE NEWPORT NEWS VA 23606 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESHANE, GLORIA 1737 BRAEMAR OAKLAND MI 48363 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCOMB, CARTER 30 KENWOOD PKWY SAINT PAUL MN 55105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BLACKBURN, LOGAN 8210 RED BUD WEST LN INDIANAPOLIS IN 46256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ 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:

SIGNATURE REQUIRED

1-13-03 305/ 743-8493

CR2E037 (10/02)