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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 14, 1999 8:00 am
Secretary of State

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DOCUMENT # 723120

1. Corporation Name

BOCA CIEGA POINT EAST ELEVEN CONDOMINIUM COPROAT
ION, INC

Principal Place of Business

ORPORATION, INC
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG FL 33708

Mailing Address

ORPORATION, INC
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG FL 33708



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

04/11/1972

4. FEI Number

59-1561105

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

FEDERATION OF BOCA CIEGA PT CONDO, INC.
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG FL 33708

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
MOSLEY, LANO
STREET ADDRESS 275 BOCA CIEGA PT BLVD
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME S
SAYLOR, ALBERTA
STREET ADDRESS 354 BOCA CIEGA PT BLVD.
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME D
KUHL, VIRGINIA
STREET ADDRESS 275 BOCA CIEGA PT BLVD
CITY-ST-ZIP ST PETERSBURG FL 33708

TITLE ☐ DELETE

NAME VPD
HARRISON, BOB
STREET ADDRESS 275 BOCA CIEGA PT BLVD.
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME SD
WADE, VIRGINIA
STREET ADDRESS 275 BOCA CIEGA PT BLVD
CITY-ST-ZIP ST PETERSBURG FL 33708

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition

1.2 NAME Mosley, Lano
1.3 STREET ADDRESS 275 Boca Ciega Pt. Blvd.
1.4 CITY-ST-ZIP St. Petersburg, FL

2.1 TITLE T ☒ Change ☐ Addition

2.2 NAME SAYLOR, Alberta
2.3 STREET ADDRESS 345 Boca Ciega Pt. Blvd.
2.4 CITY-ST-ZIP St. Petersburg, FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE PD ☒ Change ☐ Addition

4.2 NAME HARRISON, Bob
4.3 STREET ADDRESS 275 Boca Ciega Pt. Blvd.
4.4 CITY-ST-ZIP St. Petersburg, FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)