


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

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90178 050 ****61.25

DOCUMENT # 722178 1. Entity Name BOCA CIEGA POINT EAST FIVE CONDOMINIUM CORPORATION, INC.					
Principal Place of Business PORATION, INC. 275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708			Mailing Address PORATION, INC. 275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1571032	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FEDERATION OF BOCA CIEGA PT CONDO, INC. 275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL 33708				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKLEY, ROBERT		NAME		
STREET ADDRESS	275 BOCA CIEGA PT BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33708		CITY-ST-ZIP		
TITLE	SD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, MAREN		NAME	DS Gross, Michael	
STREET ADDRESS	275 BOCA CIEGA PT BLVD.		STREET ADDRESS	275 Boca Ciega Pt Blvd	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708		CITY-ST-ZIP	ST Pete., FL 33708	
TITLE	TD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKLEY, STEWART		NAME	Stewart Markley	
STREET ADDRESS	275 BOCA RIDGE PT BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG FL 33708		CITY-ST-ZIP		
TITLE	VPD		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLASS, CLAYLA		NAME	VPD Richards, Rita	
STREET ADDRESS	275 BOCA CIEGA PT BLVD		STREET ADDRESS	275 Boca Ciega Pt Blvd	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708		CITY-ST-ZIP	ST Pete 33708	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 file empowered.					
SIGNATURE: <i>Stewart Markley</i> Treg.			Date 4/7/05 Daytime Phone # (727) 398-1270		