


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90023 017 \*\*\*\*61.25

<b>DOCUMENT # 766694</b> 1. Entity Name <b>BOCILLA ISLAND CLUB, INC.</b>					
Principal Place of Business <b>C/O PARAGON FINANCIAL SERVICES</b> <b>8280 COLLEGE PKWY #103</b> <b>FORT MYERS, FL 33919 US</b>			Mailing Address <b>C/O PARAGON FINANCIAL SERVICES</b> <b>8280 COLLEGE PKWY #103</b> <b>FORT MYERS, FL 33919 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>59-2265094</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CONRAD, DEBBIE</b> <b>PARAGON FINANCIAL SERVICES</b> <b>8280 COLLEGE PKWY, #103</b> <b>FORT MYERS, FL 33919</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KEYES, WILLIAM 2828 SEABREEZE DR GULFPORT, FL 33707 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KALIS, NEAL 7320 GRIFFIN RD #109 DAVIE, FL 33314 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PETER D. BLOOD P.O. BOX 226 BOKEELIA, FL 33922 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREDEBERG, GORDON 9144 YUCCA LANE MAPLE GROVE, MN 55369 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RON FOXWORTHY 7200 CHAMELEON WAY SARASOTA FL 34241 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLITZKO, JOE 6127 PALOMINO CIRCLE UNIVERSITY PARK, FL 34201 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMBROSE-AMIN, ELIZABETH 2900 THOMAS AVE S #1709 MINNEAPOLIS, MN 55416 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCH WILLIAMSON III 1336 S.E. 47TH ST. CAPE CORAL FL 33904 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESVERNINE, RICHARD P.O. BOX 243 STOCKTON, NJ 08559 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b> <i>Joseph A. Blizko</i> <b>PRESIDENT</b> <b>3-9-06</b> <b>941-400-3796</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

#766694

40035160

Document # 766694	
Bocilla Island Club, Inc.	
Additional Item 11	
Title	D
Name	David Watson
Street Address	3 Dogwood Lane
City -St - ZIP	Clarksville, TN 37403