2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21009

Entity Name: BOCA BAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

801 GULF BLVD. BOCA GRANDE, FL 33921

Current Mailing Address:

P.O.BOX 1239 BOCA GRANDE, FL 33921 US

FEI Number: 62-1342782

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US

Certificate of Status Desired: No

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

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Title	PRESIDENT	Title	VP
Name	RICE, JOHN	Name	DARSIE, GAY
Address	P.O.BOX 1239	Address	P.O.BOX 1239
City-State-Zip:	BOCA GRANDE FL 33921	City-State-Zip:	BOCA GRANDE FL 33921
Title	SECRETARY	Title	TREASURER
Name	MIDYETT, THOMAS	Name	GALLAGHER, PATRICK
Address	P.O. BOX 1239	Address	P.O.BOX 1239
City-State-Zip:	BOCA GRANDE FL 33921	City-State-Zip:	BOCA GRANDE FL 33921
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR PARR, GRANT	Title Name	DIRECTOR STIRLING, BRUCE
Name	PARR, GRANT PO BOX 1239	Name	STIRLING, BRUCE
Name Address	PARR, GRANT PO BOX 1239	Name Address	STIRLING, BRUCE PO BOX 1239
Name Address City-State-Zip:	PARR, GRANT PO BOX 1239 BOCA GRANDE FL 33921	Name Address City-State-Zip:	STIRLING, BRUCE PO BOX 1239 BOCA GRANDE FL 33921
Name Address City-State-Zip: Title	PARR, GRANT PO BOX 1239 BOCA GRANDE FL 33921 DIRECTOR	Name Address City-State-Zip: Title	STIRLING, BRUCE PO BOX 1239 BOCA GRANDE FL 33921 DIRECTOR
Name Address City-State-Zip: Title Name	PARR, GRANT PO BOX 1239 BOCA GRANDE FL 33921 DIRECTOR HAMILTON, RAYNER	Name Address City-State-Zip: Title Name	STIRLING, BRUCE PO BOX 1239 BOCA GRANDE FL 33921 DIRECTOR MALOOMIAN, LEEANN PO BOX 1239

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN RICE

PRESIDENT

01/23/2023

Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 23, 2023 Secretary of State 7723034167CC

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	HORNIG, JAMES	Name	DROBNYK, JAMES
Address	PO BOX 1239	Address	PO BOX 1239
City-State-Zip:	BOCA GRANDE FL 33921	City-State-Zip:	BOCA GRANDE FL 33921
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR KISSINGER, JOHN	Title Name	DIRECTOR HENNINGSON, JOHN
Name	KISSINGER, JOHN	Name	HENNINGSON, JOHN