

**2015 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**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            STIRLING, BRUCE  
Address        P.O.BOX 1239  
City-State-Zip: BOCA GRANDE FL 33921

Title            SECRETARY  
Name            MIDYETT, THOMAS  
Address        P.O.BOX 1239  
City-State-Zip: BOCA GRANDE FL 33921

Title            VP  
Name            RENAE, BAKER  
Address        P.O.BOX 1239  
City-State-Zip: BOCA GRANDE FL 33921

Title            TREASURER  
Name            DACEY, MICHAEL  
Address        P.O.BOX 1239  
City-State-Zip: BOCA GRANDE FL 33921

*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: BRUCE STIRLING**

**PRESIDENT**

**02/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date