### **2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21009

Entity Name: BOCA BAY MASTER ASSOCIATION, INC.

FILED Feb 07, 2024 Secretary of State 4659366710CC

### **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 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 HAMILTON, RAYNER 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

Name PARR, GRANT Name FRASER, SUSAN

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

Name GUIDO, JOHN Name MALOOMIAN, LEEANN

Address PO BOX 1239 Address PO BOX 1239

City-State-Zip: BOCA GRANDE FL 33921 City-State-Zip: BOCA GRANDE FL 33921

### Continues on page 2

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 02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date

# 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

Name KISSINGER, JOHN Name WILCOX, THOMAS

Address PO BOX 1239 Address PO BOX 1239

City-State-Zip: BOCA GRANDE FL 33921 City-State-Zip: BOCA GRANDE FL 33921