

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 231260

**Entity Name:** BLUE OCEAN LODGE, INC.

**Current Principal Place of Business:**

5001 N OCEAN BLVD  
22  
BOYNTON BCH, FL 33435

**Current Mailing Address:**

1648 S. IRA ST.  
BLOOMINGTON, IN 47401

**FEI Number: 59-0965259**

**Certificate of Status Desired:** No

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

PUMO, DAVID J  
5001 N. OCEAN BLVD. APT. 22  
BOYNTON BEACH, FL 33435 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           DERGO, GEHRIG G  
Address        5001 N. OCEAN BLVD.  
                  16  
City-State-Zip: BOYNTON BEACH FL 33435

Title           VP  
Name           SMITH, LYNN  
Address        5001 N OCEAN BLVD  
                  18  
City-State-Zip: BOYNTON BCH, FL 33435

Title           TREASURER  
Name           PUMO, DAVID J  
Address        5001 N OCEAN BLVD  
                  22  
City-State-Zip: BOYNTON BEACH FL 33435

Title           DIRECTOR  
Name           RAFTER, LOUISE  
Address        5001 N OCEAN BLVD  
                  15  
City-State-Zip: BOYNTON BEACH FL 33435

Title           DIRECTOR  
Name           SALEE, SALLY  
Address        5001 N OCEAN BLVD  
                  9  
City-State-Zip: BOYNTON BEACH FL 33435

Title           DIRECTOR  
Name           BOWERS, ELISABETH  
Address        5001 N OCEAN BLVD  
                  20  
City-State-Zip: BOYNTON BCH FL 33435

Title           DIRECTOR  
Name           PUMO, JAMES F  
Address        5001 N OCEAN BLVD  
                  5  
City-State-Zip: BOYNTON BCH FL 33435

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID J PUMO**

**SECRETARY/TREASURER 03/11/2014**

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

\_\_\_\_\_  
Date