


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90094 008 ****61.25

DOCUMENT # 710340 1. Entity Name BOCA CIEGA YACHT CLUB, INC.	
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40103300



Principal Place of Business 4600 TIFTON DR., SOUTH GULFPORT, FL 33711	Mailing Address 4600 TIFTON DR., SOUTH GULFPORT, FL 33711
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04252007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1143066

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEYER, JAMES 1501 MANOR WAY S SAINT PETERSBURG, FL 33705		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEYNE, JOEL <input type="checkbox"/> Delete 5972 6TH AVE S SAINT PETERSBURG, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CRAIG <input type="checkbox"/> Delete 4039-8TH AVE N SAINT PETERSBURG, FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTMAN, PAUL <input type="checkbox"/> Delete 1300 40TH AVE NE SAINT PETERSBURG, FL 33703	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MEYER, JAMES <input checked="" type="checkbox"/> Delete 1501 MANOR WAY S SAINT PETERSBURG, FL 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT THOMAS HICKS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2882 CATHERINE DR CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BELL, LADAWN <input type="checkbox"/> Delete 500 LEWIS BLVD SE SAINT PETERSBURG, FL 33705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAY, LINDA <input type="checkbox"/> Delete POB 66431 SAINT PETERSBURG, FL 33736	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Tom Hicks **TOM HICKS** 4/30/07 727-725-2882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #