

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90032 035 \*\*\*\*61.25

<b>DOCUMENT # 721097</b> 1. Entity Name <b>BONEFISH TOWERS CONDOMINIUM, INC.</b>					
Principal Place of Business <b>2000 COCO PLUM DRIVE MARATHON, FL 33050</b>			Mailing Address <b>2000 COCO PLUM DRIVE MARATHON, FL 33050</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number <b>59-1641175</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>BECKER &amp; POLIAKOFF P.A. 121 ALHAMBRA PLAZA CORAL GABLES, FL 33134</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BERRY, RON</b> <b>P.O. BOX 10888</b> <b>JONESBORO, GA 30237</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KORN IENKO, GEORGE</b> <b>3044 GERRITSEN AVE.</b> <b>BROOKLYN, NY 11229</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>COOPER, LARRY</b> <b>58127 DIENER DR</b> <b>GOSHEN, IN 46528</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>JONES, TOM</b> <b>2000 COCO PLUM DR, # 804</b> <b>MARATHON, FL 33050</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>GALLENA, JOHN</b> <b>2000 COCO PLUM DR #702</b> <b>MARATHON, FL 33050</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>KANE, KENNETH</b> <b>45860 E MEADOWS CIRCLE</b> <b>MACOMB, MI 48044</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WRIGHT, PHOEBE</b> <b>2000 COCO PLUM DR, # 1004</b> <b>MARATHON, FL 33050</b>		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.					
<b>SIGNATURE:</b> <i>Ronald J. Berry</i> <b>RONALD J. BERRY</b> <i>Jan 19 2006</i> <b>289-0488</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					