

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90026 013 ****61.25

DOCUMENT # 721097

1. Entity Name

BONEFISH TOWERS CONDOMINIUM, INC.



Principal Place of Business

**2000 COCO PLUM DRIVE
MARATHON FL 33050**

Mailing Address

**2000 COCO PLUM DRIVE
MARATHON FL 33050**

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

4. FEI Number

59-1641175

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF P.A.
121 ALHAMBRA PLAZA
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By: May 1, 2008

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

TITLE ☐ Delete
NAME **P BERRY, RON**
STREET ADDRESS **P.O. BOX 10888**
CITY-ST-ZIP **JONESBORO GA 30237**

TITLE ☐ Delete
NAME **D COOPER, LARRY**
STREET ADDRESS **58127 DIENER DR**
CITY-ST-ZIP **GOSHEN IN 46528**

TITLE ☐ Delete
NAME **S JONES, TOM**
STREET ADDRESS **2000 COCO PLUM DR, # 804**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☒ Delete
NAME **TD GALLENA, JOHN**
STREET ADDRESS **2000 COCO PLUM DR #702**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE ☐ Delete
NAME **V KANE, KENNETH**
STREET ADDRESS **45860 E MEADOWS CIRCLE**
CITY-ST-ZIP **MACOMB MI 48044**

TITLE ☐ Delete
NAME **D WRIGHT, PHOEBE**
STREET ADDRESS **2000 COCO PLUM DR, # 1004**
CITY-ST-ZIP **MARATHON FL 33050**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D SANT, JOHN**
STREET ADDRESS **2000 COCO PLUM DR. # 305**
CITY-ST-ZIP **MARATHON, FL 33050**

TITLE ☐ Change ☒ Addition
NAME **TD KORNIENKO, GEORGE**
STREET ADDRESS **3044 GERATSEN AVE**
CITY-ST-ZIP **BROOKLYN, NY 11229**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR