


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90172 004 ****61.25

DOCUMENT # 721354	
--------------------------	-----------------------------------------------------------------------------------

1. Entity Name
BOCA CIEGA POINT EAST FOUR CONDOMINIUM
CORPORATION, INC.

Principal Place of Business
PORATION, INC.
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG, FL 33708

Mailing Address
PORATION, INC.
275 BOCA CIEGA POINT BLVD
ST. PETERSBURG, FL 33708

40078423



01032006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-1561867

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	
FEDERATION OF BOCA CIEGA PT CONDO, INC. 275 BOCA CIEGA POINT BLVD ST. PETERSBURG, FL 33708		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

Filing Fee is \$61.25
Due by May 1, 2006

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOCH, CARL			NAME			
STREET ADDRESS	275 BOCA CIEGA PT BLVD			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PECK, RICHARD			NAME			
STREET ADDRESS	275 BOCA CIEGA PT BLVD			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	D Marie Hegarty	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LONG, MARIE			NAME	275 Boca Ciega Pt. Blvd		
STREET ADDRESS	275 BOCA CIEGA PT BLVD			STREET ADDRESS	St. Pete, FL 33708		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOUNTS, BRENDA			NAME			
STREET ADDRESS	275 BOCA CIEGA PT BLVD			STREET ADDRESS			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:

Carl Koch Carl Koch

4-27-06 737
398-1370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #