2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90178 050 ****61.25

DOCUMENT # 722178

1. Entity Name

BOCA CIEGA POINT EAST FIVE CONDOMINIUM CORPORATION, INC.

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

1st MOORE CR2E037 (10/04)

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 59-1571032 ☐ 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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	PD MARKLEY, ROBERT 275 BOCA CIEGA PT BLVD SAINT PETERSBURG FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANDERSON, MAREN 275 BOCA CIEGA PT BLVD. SAINT PETERSBURG FL 33708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Gross, Michael 275 Boca Ciega Pt Blvd St Pete., FL 33708 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARKLEY, STEWART 275 BOCA RIDGE PT BLVD SAINT PETERSBURG FL 33708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Steuart Markley ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CLASS, CLAYLA 275 BOCA CIEGA PT BLVD SAINT PETERSBURG FL 33708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Richards, Rita 275 Boca Ciega Pt Blvd St Pete 33708 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Steuart Markley Treas. 4/7/05 (727) 398-1270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #