

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # 722779

1. Entity Name

**BOCA CIEGA POINT EAST SEVEN CONDOMINIUM
CORPORATION, INC.**



Principal Place of Business

Mailing Address

**BOCA CIEGA POINT EAST SEVEN CONDOMINIUM
CORPORATION, INC.
275 BOCA CIEGA POINT BLVD.
ST. PETERSBURG FL 33708**

**BOCA CIEGA POINT EAST SEVEN CONDOMINIUM
CORPORATION, INC.
275 BOCA CIEGA POINT BLVD.
ST. PETERSBURG FL 33708**



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

59-1561113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE FEDERATION OF BOCA CIEGA POINT CONDOMINIUMS, 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, 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
**SD
GOOD, JOANNE
275 BOCA CIEGA PT. BLVD.
SAINT PETERSBURG FL 33708** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**U000000693717
04/16/07-80051-022 61.25** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TD
BOUCHER, RON
385 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
**VPD
LEEDS, GINNY
375 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
**PD
LAFLARE, DOLLY
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
☐ Delete

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

TITLE
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CITY- ST- ZIP
☐ Delete

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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:

Virginia C. LaFlare

4/3/07

(727) 398-1270