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

Mailing Address

DOCUMENT # 724854

1. Entity Name

Principal Place of Business

SIGNATURE:

BOCA CIEGA POINT EAST FOURTEEN CONDOMINIUM CORPORATION, INC.



FILED Apr 13, 2007 8:00 am Secretary of State 04-13-2007 90168 040 ****61.25

Daytime Priorie #

| | Secr |
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| 100000 | 04-13- |
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| 275 BOCA | PORATION, INC. CORPORATION, INC. BOCA CIEGA PT BLVD ETERSBURG FL 33708 ST. PETERSBURG FL 33708 | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------|-----------------|----------------|--------------------------------------------------------------------------------|--------------------|-----------------------------------------------------|-------------------------------------------------------------------|---------------|--------------------|-------------|--------------|-------------|--|
| 2. Principal F | ipal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | |) | 1 U.281 IIIII | BILLIF BESS GERS B | | | | |
| Suite, Apt. | te, Apt. #, etc. Suite, Apt. #, etc. | | | | | | , | 1st MOORE CR2E037 (10/06) | | | | | | |
| City & Stal | State City & State | | | | | | 4. FEI Number Applied For S9-1561107 Not Applicable | | | | | | | |
| Zip | | Country | Zip | • | Cou | ntry | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | | |
| | 6. Name | and Address of Current | Registere | d Agent | Ì | | | 7. Name and | Addres | s of Nev | v Registere | d Agent | | |
| | ,• | | | | | Name | | | | | | | | |
| FEDERATION OF BOCA CIEGA PT CONDO, INC. 275 BOCA CIEGA POINT BLVD ST. PETERSBURG FL:33708 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | |
| | | | | | City | 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 i | end lule if app | licable. (NOTE | . Registered | Agent signa | iire required | when remstating) | | | DAT | E. | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 9. Election Campaign F Trust Fund Contribution | | | | • | 9 S5.00 May Be Added to Fees Make Check Payable to Florida Department of State | | | | | | | | | |
| 10. | | OFFICERS AND DIF | RECTORS | | 11. | | | ADDITIONS/CH | ANGES | TO OFFI | CERS AND | DIRECTORS II | V 10 | |
| IIILE | VPD | | | ☐ Delete | JIILE | | | | | | | ☐ Change | Addition | |
| NAME | MCCLIMAN | NS. FRED | | | NAME | | | | | | | _ , | _ | |
| STREET ADDRESS | | CIEGA PT BLVD | | | STREE | LADDRESS | | | | | | | | |
| CHY-ST-ZIP | | ERSBURG FL 33708 | | | CHY- | ST-ZIP | | | | | | | | |
| DILE | PD , | Laube | <u></u> | ☐ Delete | unc | | \overline{C} | RR.ECT | | DEL | 14461 | ∑ Change | Addition | |
| NAME | LUABER, J | | | | NAME | | | 10 10.00 | | , | -, -0 | <u> </u> | | |
| STREET ADDRESS | | CIEGA PT BLVD | | | STREE | TADORESS | | Ąyß | ER | | | | | |
| CITY-S1-ZIP | SAINT PET | ERSBURG FL 33708 | | | CITY | ST ZIP | | | | | | | | |
| IIIŒ | D | | | ☐ Delete | THEE | | | | • | | | ☐ Change | Addition | |
| NAME | RIDDLE, KI | EITH | | | NAME | | | | | | | | | |
| STREET ADDRESS | , | CLEGA PT BLVD | | | STREE | FADDRESS | | | | | | | | |
| CITY-SI-ZIP | SAINT PET | ERSBURG FL 33708 | | | CITY | ST-ZIP | | | | | | | | |
| IIILE | D | | | Delete | TITLE | | | | | | | Change | ☐ Addition | |
| NAME | MARTINEZ | , NEAL | | | NAME | | | | | | | | | |
| STREET ADORESS | 275 BOCA | CIEGA PT BLVD | | | | LADDRESS | | | | | | | | |
| CITY-ST-7IP | SAINT PET | ERSBURG FL 33708 | | | CHY | ST-ZIP | ~ | | | | | | | |
| TITLE | | | | Delete | THUE | | 7/5 | 5 , | , | L | _ | ☐ Change | Addition | |
| NAME | | | | | NAMI | | ver | someh | Lai | وصر | المراه ع | | | |
| STREET ADDRESS CITY-ST-71P | | | | | | TADDRESS ST-ZIP | 275 cr | Boca Pete | | , - | 2200 | P | | |
| | | | | | | OL-FIL | <u>51 ·</u> | rele | ·1 -(| | , 3/0 | | | |
| TITLE | | | | ☐ Delete | LIBLE | | | | | | | ☐ Change | Addition | |
| NAME | Ī | | | | NAME | | | | | | | | | |
| STREET ADDRESS | i | | | | 0.10// | T A DODE OF | | | | | | | | |
| CITY-ST-ZIP | | | | | | TADDRESS ST-ZIP | | | | | | | | |

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 of 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.

PREGIDENT

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR