
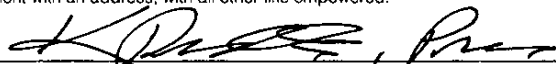


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90032 035 \*\*\*\*61.25

<b>DOCUMENT # 724854</b> 1. Entity Name <b>BOCA CIEGA POINT EAST FOURTEEN CONDOMINIUM CORPORATION, INC.</b>					
Principal Place of Business <b>CORPORATION, INC.</b> <b>275 BOCA CIEGA PT BLVD</b> <b>ST. PETERSBURG, FL 33708</b>			Mailing Address <b>CORPORATION, INC.</b> <b>275 BOCA CIEGA PT BLVD</b> <b>ST. PETERSBURG, FL 33708</b>		
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 <b>59-1561107</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FEDERATION OF BOCA CIEGA PT CONDO, INC.</b> <b>275 BOCA CIEGA POINT BLVD</b> <b>ST. PETERSBURG, FL 33708</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLIMANS, FRED		NAME		
STREET ADDRESS	275 BOCA CIEGA PT BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAUBER, JOHN		NAME	John Lauber	
STREET ADDRESS	275 BOCA CIEGA PT BLVD		STREET ADDRESS	275 Boca Ciega Pt. Blvd.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	St. Pete, FL 33777	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIDDLE, KEITH		NAME	Keith Riddle	
STREET ADDRESS	275 BOCA CIEGA PT BLVD		STREET ADDRESS	275 Boca Ciega Pt. Blvd.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	St. Pete, FL 33777	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARTINEZ, NEAL		NAME	Bob Rohatsch	
STREET ADDRESS	275 BOCA CIEGA PT BLVD		STREET ADDRESS	275 Boca Ciega Pt. Blvd	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	St. Pete, FL 33708	
TITLE	TS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAUBER, DEBORAH		NAME	Kay Burrill	
STREET ADDRESS	275 BOCA CIEGA PT. BLVD		STREET ADDRESS	275 Boca Ciega Pt. Blvd	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	St. Pete, FL 33708	
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.					
<b>SIGNATURE:</b> 			2-25-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Keith Riddle			727 398-1270		
			Daytime Phone #		