


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90172 016 ****61.25

DOCUMENT # 725265 1. Entity Name BOCA CIEGA POINT EAST SIXTEEN CONDOMINIUM CORPORATION, INC.					
Principal Place of Business CORPORATION, INC. 275 BOCA CIEGA POINT BLVD. ST. PETERSBURG, FL 33708			Mailing Address CORPORATION, INC. 275 BOCA CIEGA POINT BLVD. ST. PETERSBURG, FL 33708		
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 59-1561109	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </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>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD <input checked="" type="checkbox"/> Delete		TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, FRED		NAME	DON ELKO	
STREET ADDRESS	275 BOCA CIEGA PT. BV		STREET ADDRESS	275 BOCA CIEGA PT BLVD	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	VPD <input type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TIVEY, JIM		NAME	PATRICIA NIEMAS	
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 PETERSBURG FL 33708	
TITLE	TD <input type="checkbox"/> Delete		TITLE	UP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORNE, ARLENE		NAME	ARLENE HORNE	
STREET ADDRESS	275 BOCA CIEGA PT. BV.		STREET ADDRESS	275 BOCA CIEGA PT BLVD.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE		
NAME	HENRY, JEAN		NAME		
STREET ADDRESS	275 BOCA CIEGA PT BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE		
NAME	TITI, SAM		NAME		
STREET ADDRESS	275 BOCA CIEGA PT BV		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33708		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
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: <u>Pat Niemas</u> Pat Niemas 4/28/06 727-398-1270 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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