

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

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90045 018 ****61.25

DOCUMENT # 737965

1. Entity Name

BOCA OCEGA SAIL AND POWER SQUADRON, INC.



Principal Place of Business

130 126TH AVENUE EAST
TREASURE ISLAND FL 33706

Mailing Address

130 126TH AVENUE EAST
TREASURE ISLAND FL 33706

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

95-1715554

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

GRIER, BEVERLY A
13323 87 TH. PL. N.
SEMINOLE FL 33776

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

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HANNA, EDVARDO | |
| STREET ADDRESS | 471 HAVEN PT. D | |
| CITY-ST-ZIP | TREASURE ISLAND FL 33706 | |
| TITLE | AO | <input type="checkbox"/> Delete |
| NAME | ELDER, RANDALL | |
| STREET ADDRESS | 495 HAVEN PT DR | |
| CITY-ST-ZIP | SAINT PETERSBURG FL 33706 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GRIER, DONALD | |
| STREET ADDRESS | 13323 87 TH. PL. N. | |
| CITY-ST-ZIP | SEMINOLE FL 33776 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | GRIER, BEVERLY A | |
| STREET ADDRESS | 13323 87TH PL. N. | |
| CITY-ST-ZIP | SEMINOLE FL 33776 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | PAHECO, E L | |
| STREET ADDRESS | 12647 116TH ST. N. | |
| CITY-ST-ZIP | LARGO FL 33778 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | AO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BEVA J. BADEN | |
| STREET ADDRESS | 601 BAYSHORE DR S. | |
| CITY-ST-ZIP | MADEIRA BEACH, FL. 33709 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Beverly A Grier* Beverly A. Grier

1-31-05 727-391-1183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #