


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90172 020 ****61.25

DOCUMENT # 741554 1. Entity Name FEDERATION OF BOCA CIEGA POINT CONDOMINIUMS, INC.					
Principal Place of Business INC. 275 BOCA CIEGA POINT BLVD. ST PETERSBURG, FL 33708			Mailing Address INC. 275 BOCA CIEGA POINT BLVD. ST PETERSBURG, FL 33708		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1890443	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ZACUR, RICHARD A MENSH, ZACUR & GRAHAM, PA 5200 CENTRAL AVENUE ST PETERSBURG, FL 33707				7. Name and Address of New Registered Agent 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)</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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARKLEY, STEWART 275 BOCA CIEGA PT. BLVD SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPD DONALD ELKO 275 BOCA CIEGA PT BLVD ST. Petersburg FL 33708
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMMOND, CHARLES 275 BOCA CIEGA PT. BLVD SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Dorothy Kinder 275 Boca Ciega Pt Blvd. N. St. Petersburg, FL 33708
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERSH, GUY 275 BOCA CIEGA PT. BLVD. SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Dorothy Kinder 275 Boca Ciega Pt Blvd. N. St. Petersburg, FL 33708
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPD KOCH, CARL 275 BOCA CIEGA PT BLVD SAINT PETERSBURG, FL 33708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Dorothy Kinder 275 Boca Ciega Pt Blvd. N. St. Petersburg, FL 33708
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GALUCCI, AIMEE 275 BOCA CIEGA PT BLVD SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Dorothy Kinder 275 Boca Ciega Pt Blvd. N. St. Petersburg, FL 33708
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Dorothy L. Kinder</u>			Date: <u>4/28/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <u>727-398-1270</u>		

Dorothy L. Kinder