

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2007 8:00 am
Secretary of State

06-07-2007 90003 006 ****61.25

DOCUMENT # 745650

1. Entity Name
THE BOATYARD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1380-1390 CHESAPEAKE AVENUE
NAPLES, FL 34102**

Mailing Address
**1380
1380 CHESAPEAKE AVE.
NAPLES, FL 34102**



06012007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2793624

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOFFET, ROBERT W.
1388 CHESAPEAKE AVE.
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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

Robert W. Moffet

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/03/07

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HYDE, GEOFFREY
1390 CHESAPEAKE AVE.
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GOULD, PATRICK
1380 CHESAPEAKE AVE
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
MOFFET, ROBERT
1388 CHESAPEAKE AVE
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Robert W. Moffet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/03/07

DATE

239-775-6264

Daytime Phone #