2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2009
Secretary of State

DOCUMENT# 745650

Entity Name: THE BOATYARD CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1380-1390 CHESAPEAKE AVENUE
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

1388 CHESAPEAKE AE.
NAPLES, FL 34102

New Mailing Address:

FEI Number: 59-2793624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HYDE, GEOFFREY
Address: 1390 CHESAPEAKE AVE.
City-St-Zip: NAPLES, FL 34102

Title: STD ( ) Delete
Name: GOULD, PATRICK
Address: 1380 CHESAPEAKE AVE
City-St-Zip: NAPLES, FL 34102

Title: PD ( ) Delete
Name: MOFFET, ROBERT
Address: 1388 CHESAPEAKE AVE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: GOULD, PATRICK
Address: 1380 CHESAPEAKE AVE
City-St-Zip: NAPLES, FL 34102

Title: STD (X) Change ( ) Addition
Name: MOFFET, ROBERT
Address: 1388 CHESAPEAKE AVE
City-St-Zip: NAPLES, FL 34102

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W MOFFET STD 05/08/2009

Electronic Signature of Signing Officer or Director — Date