2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752559

FILED Mar 13, 2012 Secretary of State

Entity Name: BOCA CIEGA VILLAGE CONDOMINIUM I ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O ALLIANCE MANAGEMENT, LLC 4100 CORPORATE SQUARE, SUITE 155 NAPLES, FL 34104 US

Current Mailing Address: New Mailing Address:

C/O ALLIANCE MANAGEMENT, LLC 4100 CORPORATE SQUARE, SUITE 155 NAPLES, FL 34104 US

FEI Number: 59-2163077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLIANCE MANAGEMENT, LLC 4100 CORPORATE SQUARE SUITE 155 NAPLES, FL 34104 US

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: F

Name: MCLAUGHLIN, MARLEN Address: 1021 PINE ISLE LANE City-St-Zip: NAPLES, FL 34112

Title: VP

Name: MINACAPELLI, THOMAS
Address: 247 BAY MEADOWS DRIVE
City-St-Zip: NAPLES, FL 34113

Title:

Name: DICK, EDWARD

Address: 250 NESMITH STREET, UNIT 9

City-St-Zip: LOWELL, MA 01852

Title: 5

Name: REINHARD, JANICE Address: 1004 PINE ISLE LANE City-St-Zip: NAPLES, FL 34112

Title:

 Name:
 DOOLEY, MARGRET

 Address:
 1043 PINE ISLE LANE

 City-St-Zip:
 NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: MARLENE MCLAUGHLIN P 03/13/2012