

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

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 756127

1. Entity Name
B B C CLUB BOAT SLIPS, INC.



Principal Place of Business
**25730 HICKORY BLVD
BONITA SPRINGS, FL 34134 US**

Mailing Address
**25730 HICKORY BLVD
BONITA SPRINGS, FL 34134 US**



04192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2517298

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELDER, JAMES
25740 HICKORY BLVD
642D
BONITA SPRINGS, FL 34134**

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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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAALMAN, JOHN
STREET ADDRESS 25710 HICKORY BLVD 200A
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE VD
NAME PRICE, MICHAEL I
STREET ADDRESS 437 TRADEWINDS AVE
CITY-ST-ZIP NAPLES, FL 34108

TITLE TD
NAME PETTY, ROBIN
STREET ADDRESS 25730 HICKORY BLVD 726C
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000725178
05/03/07-80011-021 61.25

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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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBIN PETTY 4/19/07 (239) 498-1870

Date

Daytime Phone #