2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A]
Secretary of State

DOCUMENT # 756127

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

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

DO NOT WRITE IN THIS SPACE

02222008 No Chg-NP CR2E037 (4/06)

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80027-022 61.25

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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: _____ ROBIN PETTY 3/19/08 (239)498-1370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #