

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761814** (3)
1. Corporation Name
BOCA CIEGA MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 187 FOREST LAKES BLVD. NAPLES FL 33942	Mailing Address 187 FOREST LAKES BLVD. NAPLES FL 33942
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/09/1982	4. FEI Number 59-2168247 Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent

**GRACEY, ROBERT T.
187 FOREST LAKES BLVD.
NAPLES FL 33942**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SPADACCINI, MARILLYN	1.2 NAME	
STREET ADDRESS	2045 PINE ISLE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	1.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CAMANDONA, EMILE	2.2 NAME	
STREET ADDRESS	2041 PINE ISLE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GOODWIN, ROY	3.2 NAME	
STREET ADDRESS	2091 PINE ISLE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GRACEY, ROBERT T.	4.2 NAME	
STREET ADDRESS	187 FOREST LAKES BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	VPD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HAYES, FRANK	5.2 NAME	
STREET ADDRESS	2093 PINE ISLE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CAPELUCK, HENRY	6.2 NAME	
STREET ADDRESS	2052 PINE ISLE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] REQUIRED

1/14/98

991-649-5667

CR2E037 (10/97)