FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State
04-09-1999 90075 049 ****61.25

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DOCUMENT # 761814

1. Corporation Name

BOCA CIEGA MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
187 FOREST LAKES BLVD. NAPLES FL ~~33942~~	187 FOREST LAKES BLVD. NAPLES FL ~~33942~~

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/09/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2168247 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 34105 Country 25	Zip 29 34105 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GRACEY, ROBERT T.
187 FOREST LAKES BLVD.
NAPLES FL ~~33942~~ 34105

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SPADACCINI, MARILLYN		1.2 NAME	HORN, CHARLES	
STREET ADDRESS	2045 PINE ISLE LANE		1.3 STREET ADDRESS	2007 PINE ISLE LANE	
CITY-ST-ZIP	NAPLES FL 33962		1.4 CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	TD	☒ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	CAMANDONA, EMILE		2.2 NAME	KELLER, JANE	
STREET ADDRESS	2041 PINE ISLE LANE		2.3 STREET ADDRESS	2077 PINE ISLE LANE	
CITY-ST-ZIP	NAPLES FL 33962		2.4 CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	D	☐ DELETE	3.1 TITLE	P	☒ 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	NAPELS FL		5.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	CAPELUCK, HENRY		6.2 NAME	VANDERCLUIS, JEANNE	
STREET ADDRESS	2052 PINE ISLE LANE		6.3 STREET ADDRESS	2085 PINE ISLE LANE	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	NAPLES FL 34112	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Robert T. Gracey, Asst. Sec. 4/5/99 941-649-5667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)