2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 761814

Entity Name: BOCA CIEGA MANOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

187 FOREST LAKES BLVD.
NAPLES, FL 34105

New Principal Place of Business:

6312 TRAIL BLVD.
NAPLES, FL 34108

Current Mailing Address:

187 FOREST LAKES BLVD.
NAPLES, FL 34105

New Mailing Address:

6312 TRAIL BLVD.
NAPLES, FL 34108

FEI Number: 59-2168247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LIVELY, DENNIS F
6312 TRAIL BLVD.
NAPLES, FL 34108 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: DENNIS F. LIVELY 04/26/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BENOIT, JANE
Address: 2064 PINE ISLE LANE
City-St-Zip: NAPLES, FL 34112 US

Title: D ( ) Delete
Name: FLEISCHMANN, DOUGLAS
Address: 2028 PINE ISLE LANE
City-St-Zip: NAPLES, FL 34112 US

Title: PT ( ) Delete
Name: CISZEWSKI, FRANCES
Address: 3718 KENT DRIVE
City-St-Zip: NAPLES, FL 34112

Title: AS ( ) Delete
Name: GRACEY, ROBERT T.
Address: 187 FOREST LAKES BLVD.
City-St-Zip: NAPLES, FL

Title: D ( ) Delete
Name: HAYES, FRANK
Address: 2093 PINE ISLE LANE
City-St-Zip: NAPLES, FL 34112

Title: VP ( ) Delete
Name: GRAHAM, RONALD
Address: 2065 PINE ISLE LANE
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JOHNSTON, JANE
Address: 2048 PINE ISLE LANE
City-St-Zip: NAPLES, FL 34112 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: VANDERSLUIS, BERNIE
Address: 2085 PINE ISLE LANE
City-St-Zip: NAPLES, FL 34112

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANCES CISZEWSKI P 04/26/2005
Electronic Signature of Signing Officer or Director Date