2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761814

FILED Feb 27, 2009 Secretary of State

Entity Name: BOCA CIEGA MANOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 6312 TRAIL BLVD NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** C/O GULFSHORE PROPERTY MGMT. C/O ABILITY MANAGEMENT P.O. BOX 770278 P.O. BOX 10971 NAPLES, FL 34107 NAPLES, FL 34101 FEI Number: 59-2168247 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LIVELY, DENNIS F LADNER, JOHN 6312 TŔAIL BLVD. 731 W. ELKCAM CIR. NAPLES, FL 34108 US A-108 MARCO ISLAND, FL 34145 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: JOHN LADNER 02/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HART, RICHARD Name: Name: 2035 PINE ISLE DRIVE Address: Address: City-St-Zip: NAPLES, FL 34112 US City-St-Zip: Title: Title: () Delete () Change () Addition MARTIN, PAUL Name: Name: Address: 2047PINE ISLE DRIVE Address: City-St-Zip: NAPLES, FL 34112 US City-St-Zip: Title: () Delete Title: () Change () Addition BENOIT, JANE Name: Name: Address: 2064 PINE ISLE LANE Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: KELLER, JANE Name: 2077 PINE ISLE LANE Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: () Delete Title: () Change () Addition JAMES, CHARLES Name: Name: 2012 PINE ISLE DRIVE Address: Address: City-St-Zip: NAPLES, FL 34112 City-St-Zip: Title: () Delete Title: () Change () Addition ESTRODA, ALBERTO Name: Name: Address: 2084 PINE ISLE DRIVE Address: NAPLES, FL 34112 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN LADNER MGMT 02/27/2009