

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766694

Entity Name: BOCILLA ISLAND CLUB, INC.

FILED  
May 06, 2005  
Secretary of State

## Current Principal Place of Business:

C/O PARAGON FINANCIAL SERVICES  
8270 COLLEGE PKWY  
FORT MYERS, FL 33919 US

## Current Mailing Address:

C/O PARAGON FINANCIAL SERVICES  
8270 COLLEGE PKWY  
FORT MYERS, FL 33919 US

## New Principal Place of Business:

C/O PARAGON FINANCIAL SERVICES  
8280 COLLEGE PKWY #103  
FORT MYERS, FL 33919 US

## New Mailing Address:

C/O PARAGON FINANCIAL SERVICES  
8280 COLLEGE PKWY #103  
FORT MYERS, FL 33919 US

FEI Number: 59-2265094      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

CONRAD, DEBBIE  
PARAGON FINANCIAL SERVICES  
8270 COLLEGE PKWY, #104  
FORT MYERS, FL 33919 US

## Name and Address of New Registered Agent:

CONRAD, DEBBIE  
PARAGON FINANCIAL SERVICES  
8280 COLLEGE PKWY, #103  
FORT MYERS, FL 33919 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: DEBBIE CONRAD

05/06/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: PATTERSON, DENEGE  
Address: PO BOX 226  
City-St-Zip: BOKEELIA, FL 33922

Title: S ( ) Delete  
Name: SCHAFER, THOMAS  
Address: 3695 WATSON ST.  
City-St-Zip: MUSKEGON, MI 49441

Title: VP ( ) Delete  
Name: KALIS, JO-ELLEN  
Address: 7320 GRIFFIN RD, STE 109  
City-St-Zip: DAVIE, FL 33314

Title: T ( ) Delete  
Name: BLITZKO, JOE  
Address: 6127 PALOMINO CIRCLE  
City-St-Zip: UNIVERSITY PARK, FL 34201

Title: D ( ) Delete  
Name: KEYES, WILLIAM  
Address: 2828 SEABREEZE DR  
City-St-Zip: GULFPORT, FL 33707

Title: D ( ) Delete  
Name: CLARK, DENNIS  
Address: P.O. BOX 523  
City-St-Zip: BOKEELIA, FL 33922

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: KEYES, WILLIAM  
Address: 2828 SEABREEZE DR  
City-St-Zip: GULFPORT, FL 33707

Title: S (X) Change ( ) Addition  
Name: KALIS, NEAL  
Address: 7320 GRIFFIN RD #109  
City-St-Zip: DAVIE, FL 33314

Title: VP (X) Change ( ) Addition  
Name: BREDENBERG, GORDON  
Address: 9144 YUCCA LANE  
City-St-Zip: MAPLE GROVE, MN 55369

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

Title: D (X) Change ( ) Addition  
Name: AMBROSE-AMIN, ELIZABETH  
Address: 2900 THOMAS AVE S #1709  
City-St-Zip: MINNEAPOLIS, MN 55416

Title: D (X) Change ( ) Addition  
Name: DESVERNINE, RICHARD  
Address: P.O. BOX 243  
City-St-Zip: STOCKTON, NJ 08559

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: WILLIAM KEYES

DP

05/06/2005

Electronic Signature of Signing Officer or Director

Date