

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90023 017 ****61.25

DOCUMENT # 766694 1. Entity Name BOCILLA ISLAND CLUB, INC.					
Principal Place of Business C/O PARAGON FINANCIAL SERVICES 8280 COLLEGE PKWY #103 FORT MYERS, FL 33919 US			Mailing Address C/O PARAGON FINANCIAL SERVICES 8280 COLLEGE PKWY #103 FORT MYERS, FL 33919 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-2265094	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONRAD, DEBBIE PARAGON FINANCIAL SERVICES 8280 COLLEGE PKWY, #103 FORT MYERS, FL 33919			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	☐ Delete	TITLE	DT ☒ Change ☐ Addition	
NAME	KEYES, WILLIAM		NAME		
STREET ADDRESS	2828 SEABREEZE DR		STREET ADDRESS		
CITY-ST-ZIP	GULFPORT, FL 33707		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	DS ☐ Change ☒ Addition	
NAME	KALIS, NEAL		NAME	PETER D. BLOOD	
STREET ADDRESS	7320 GRIFFIN RD #109		STREET ADDRESS	P.O. BOX 226	
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP	BOKEELIA, FL 33922	
TITLE	VP	☒ Delete	TITLE	D ☐ Change ☒ Addition	
NAME	BREDEBERG, GORDON		NAME	RON FOXWORTHY	
STREET ADDRESS	9144 YUCCA LANE		STREET ADDRESS	7200 CHAMELEON WAY	
CITY-ST-ZIP	MAPLE GROVE, MN 55369		CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	T	☐ Delete	TITLE	DP ☒ Change ☐ Addition	
NAME	BLITZKO, JOE		NAME		
STREET ADDRESS	6127 PALOMINO CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	UNIVERSITY PARK, FL 34201		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	D ☐ Change ☒ Addition	
NAME	AMBROSE-AMIN, ELIZABETH		NAME	MITCH WILLIAMSON III	
STREET ADDRESS	2900 THOMAS AVE S #1709		STREET ADDRESS	1336 S.E. 47TH ST.	
CITY-ST-ZIP	MINNEAPOLIS, MN 55416		CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	☐ Delete	TITLE	DVP ☒ Change ☐ Addition	
NAME	DESVERNINE, RICHARD		NAME		
STREET ADDRESS	P.O. BOX 243		STREET ADDRESS		
CITY-ST-ZIP	STOCKTON, NJ 08559		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joe A. Blitzko</i> PRESIDENT 3-9-06 941-400-3796 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

#766694

40035160

Document # 766694	
Bocilla Island Club, Inc.	
Additional Item 11	
Title	D
Name	David Watson
Street Address	3 Dogwood Lane
City -St - ZIP	Clarksville, TN 37403