2008 NOT-FOR-PROFIT CORPORATION

FILED Apr 24, 2008 8:00 am Secretary of State

ANNUAL REPORT	

DOCUMENT # 766694 1. Entity Name BOCILLA ISLAND CLUB, INC.					04-24-2008 90109 020 ****61.25				
8280 COLLEGE PKWY #103 8280 COLLEGE			IN FINANCIAL SERVICES Ge PKWY #103		400.	-: -			
Principal Place of Business - No P.O. Box # 3. Mailing Address .									
Suite, Apt. #, etc. Suite,		Suite, Apt. #, etc.	e, Apt. #, etc.		02042008	Chg-NP	CR2E037 (12	/06)	
City & State City & Sta		City & State	itate		4. FEI Number 59-2265	094		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		5 Additional equired	
	6. Name and Address of Current Regi	stered Agent			7. Name and A	ddress of New F	Registered Agent		
CONPAD	DERRIE		Name	Name					
CONRAD, DEBBIE PARAGON FINANCIAL SERVICES 8280 COLLEGE PKWY, #103 FORT MYERS, FL 33919			Street A	Street Address (P.O. Box Number is Not Acceptable)					
TON MILIO, I'E 33313		City	ity 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 bite if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$81.25 Due by May 1, 2008 9. Election Campaign Final Trust Fund Contribution					\$5.00 May Be Added to Fees		Make check paya rida Department		
10.	OFFICERS AND DIRECT	ORS	11.	AC	DDITIONS/CHA	NGES TO OFFICE	RS AND DIRECTO	ORS IN 10	
NAME STREET ADDRESS CITY-ST-ZIP	DT KEYES, WILLIAM 2828 SEABREEZE DR GULFPORT, FL 33707	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVP/T			≥ €0	hange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLOOD, PETER D P.O. BOX 226 BOKEELIA, FL 33922	□ Ocicle	TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	c	hange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOXWORTHY; RON 1200 CHAMELEON WAY SARASOTA, FL 34241	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		**		hange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLITZKO, JOE 6127 PALOMINO CIRCLE UNIVERSITY PARK, FL 34201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BLI	TZKO	, 105 E P I	√ A .	hange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSH, SCOTT 21010 SIX LS FARM ROAD ESTERO, FL 33928	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 D CLA		DAVID DLANE LE, TA		hange XAddition	
NAME STREET ADDRESS CITY-ST-ZIP	DVP DESVERNINE, RICHARD P.O. BOX 243 STOCKTON, NJ 08559 certify that the information supplied with this	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SG ATL	PERIM.	GA 30	eich Enter e 346	AST #450	

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:

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT DOCUMENT # 766694 1. Entity Name BOCILLA ISLAND CLUB, INC Principal Place of Business Mailing Address C/O PARAGON FINANCIAL SERVICES C/O PARAGON FINANCIAL SERVICES 8280 COLLEGE PKWY #103 8280 COLLEGE PKWY #103 FORT MYERS, FL 33919 FORT MYERS, FL 33919 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04092008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2265094 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONRAD, DEBBIE Street Address (P.O. Box Number is Not Acceptable) PARAGON FINANCIAL SERVICES 8280 COLLEGE PKWY, #103 FORT MYERS, FL 33919 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 Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. $\overline{\mathbf{D}}$ Addition ☐ Delete TITLE TITLE ☐ Change KRYES, WILLIAM NAME NAME DAVID WHEATON STREET ADDRESS 2828 SEABREEZE DR STREET ADDRESS 2500 MEADOWVIEW COURT GULFRORT, FL 33707 CITY-ST-ZIP CITY-ST-ZIP ROCHESTER HILLS, MI 48306 Addition TITLE ☐ Delete TITLE ☐ Change BLOOD, PETER D NAME NAME P.O. BOX 226 STREET ADDRESS STREET ADDRESS BOKEELIA, FL 33922 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition FOXWORTHY, RON NAME NAME STREET ADDRESS 1200 CHAMELEON WAY STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34241 CITY-ST-ZIP ☐ Delete TULE ☐ Change ■ Addition BLITZKO, JOE NAME NAME 6127 PALOMINO CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP UNIVERSITY PARK, FL 34201 CITY-ST-Z(P ☐ Change ☐ Addition TITLE Delete TITLE RUSH, SCOTT NAME NAME 21010 SIX LS FARM ROAD STREET ADDRESS STREET ADDRESS ESTERO, FL 33928 CITY-ST-ZIP CITY-ST-ZIP DVP ☐ Change ☐ Addition TITLE □ Delete TITLE DESVERNINE, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 243 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.

Date

Daveme Phone #