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FILED

Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 767982****(2)**

1. Corporation Name

BOCA VISTA CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**401-150TH AVENUE, #278
MADEIRA BEACH FL 33708-2029****401-150TH AVENUE, #278
MADEIRA BEACH FL 33708-2059**3. Date Incorporated or Qualified
04/15/19833a. Date of Last Report
04/09/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2305637Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CATON, RICHARD P. ESQ
7843 SEMINOLE BLVD
SEMINOLE FL 34642**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **STONER, WILLIAM M.**
STREET ADDRESS **401-150 AVE 233**
CITY-ST-ZIP **MADEIRA BCH FL**1.1 TITLE **MC CONNELL, NICOLA - SEC/T** ☐ Change ☒ Addition
1.2 NAME **Sec/Tres**
1.3 STREET ADDRESS **401-150 AVE., # 278**
1.4 CITY-ST-ZIP **MADEIRA BEACH, FL 33708**TITLE **D** ☒ DELETE
NAME **FILIPPONE, CARMAN**
STREET ADDRESS **401 150TH AVE 277**
CITY-ST-ZIP **MADEIRA BEACH FL**2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **MARKIS, JOHN**
2.3 STREET ADDRESS **401-150 AVE**
2.4 CITY-ST-ZIP **MADEIRA BEACH, FL**TITLE **D** ☐ DELETE
NAME **COWAN, DESMOND**
STREET ADDRESS **401-150TH AVE, #274**
CITY-ST-ZIP **MADEIRA BEACH FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **SMITH, THOMAS**
STREET ADDRESS **401 150TH AVE #255**
CITY-ST-ZIP **MADEIRA BCH FL**4.1 TITLE **VP/D** ☐ Change ☐ Addition
4.2 NAME **SMITH, THOMAS**
4.3 STREET ADDRESS **SAME.**
4.4 CITY-ST-ZIPTITLE **VD** ☐ DELETE
NAME **HAMILTON, RONALD**
STREET ADDRESS **401 150TH AVE #266**
CITY-ST-ZIP **MADEIRA BCH. FL**5.1 TITLE **P/D** ☒ Change ☐ Addition
5.2 NAME **HAMILTON, RONALD**
5.3 STREET ADDRESS **SAME**
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nicola McConnell, QUB/FL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/1/97 (813) 319-2700**

Date

Daytime Phone # 0080533

CP2E037 (9/96)