


FILED
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Secretary of State

04-13-1999 90058 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 767982					
1. Corporation Name BOCA VISTA CLUB ASSOCIATION, INC.					
Principal Place of Business 401-150TH AVENUE, #278 MADEIRA BEACH FL 33708-2029			Mailing Address 401-150TH AVENUE, #278 MADEIRA BEACH FL 33708-2029		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		04/15/1983	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-2305637	
24. Country		29. Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCONNELL, NICOLA 2181 INDIAN ROCKS RD SOUTH STE 1 LARGO FL 33774				81. Name STONER, PATRICIA A. 82. Street Address (P.O. Box Number is Not Acceptable) 401-150TH AVENUE, #233 83. 84. City MADEIRA BEACH FL 85. Zip Code 33708			
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 PATRICIA A. STONER				DATE 4/21/99			

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ST	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCONNELL, NICOLA			1.2 NAME	PATRICIA A. STONER		
STREET ADDRESS	401-150 AVE #278			1.3 STREET ADDRESS	401-150 AVE #278233		
CITY-ST-ZIP	MADEIRA BEACH FL			1.4 CITY-ST-ZIP	MADEIRA BEACH FL 33708		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKIS, JOHN			2.2 NAME			
STREET ADDRESS	401-150 AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MADEIRA BEACH FL			2.4 CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COWAN, DESMOND			3.2 NAME			
STREET ADDRESS	401-150TH AVE, #274			3.3 STREET ADDRESS			
CITY-ST-ZIP	MADEIRA BEACH FL			3.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, THOMAS			4.2 NAME	WILLIAM M STONER		
STREET ADDRESS	401 150TH AVE #255			4.3 STREET ADDRESS	401-150 AVE #233		
CITY-ST-ZIP	MADEIRA BCH FL			4.4 CITY-ST-ZIP	MADEIRA BEACH FL 33708		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMILTON, RONALD			5.2 NAME	JOHN MANNING		
STREET ADDRESS	401 150TH AVE #266			5.3 STREET ADDRESS	401-150 AVE #242		
CITY-ST-ZIP	MADEIRA BCH. FL			5.4 CITY-ST-ZIP	MADEIRA BEACH FL 33708		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	ROBERT FRENCH		
STREET ADDRESS				6.3 STREET ADDRESS	401-150 AVE #266		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	MADEIRA BEACH FL 33708		

14. I 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, with all other like empowered.

SIGNATURE: **William M. Stoner**

WILLIAM M. STONER, PRESIDENT

April 7, 1999

(727) 397-4026

CR2F037-01/99A