## 2001 UNIFORM BUSINESS REPORT (UBR) May 10, 2001 8:00 am<sup>§</sup> Secretary of State **DOCUMENT # 767982** BOCA VISTA CLUB ASSOCIATION, INC. 05-10-2001 90155 002 \*\*\*\*61.25 Mailing Address Principal Place of Business 401-150TH AVENUE. #278 401-150TH AVENUE. #278 MADEIRA BEACH FL 33708-2029 MADEIRA BEACH FL 33708-2029 3. Mailing Address 2. Principal Place of Business Indian Rocks Rd 2181 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ١ City & State Applied For City & State 4. FEI Number 59-2305637 Not Applicable arao $ho^{\overline{ ext{Country}}}$ \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired inellas Fee Required 1377 4 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Sicola M' Connell Street Address (P.O. Box Number is Not Acceptable) STONER, PATRICIA A 401-150TH AVE. # 233 City MADEIRA BEACH FL 33708 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 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Eleanor Gordon, D Addition ☐ Change TITLE Delete TITLE 401-150th Ave STONER, PATRICIA A NAME NAME Madeira Beach, Fi STREET ADDRESS 401-150TH AVE. # 233 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADEIRA BEACH FL 33708 Nicola Mc Connell S/Tra Change ☐ Delete TITLE JEWELL, KEN NAME 2181 Indian Rocks Rd S NAME STREET ADDRESS STREET ADDRESS 401-150 AVE, #245 PL- 33774 CITY-ST-7IP CITY-ST-ZIP SAINT PETERSBURG FL 33708 D/PD ☐ Change Addition ☐ Defete TITLE COWAN, DESMOND NAME NAME STREET ADDRESS STREET ADDRESS 401-150TH AVE, #274 MADEIRA BEACH FL CITY-ST-7IP CITY-ST-ZIP PD ☐ Addition Delete TITLE Change TITLE STONER, WILLIAM M NAME NAME STREET ADDRESS 401-150TH AVE. # 233 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADEIRA BCH FL 33708 D TITLE ☐ Delete TITLE Change Addition OAKES, LLOYD NAME NAME STREET ADDRESS 401-150TH AVE, #246 STREET ADDRESS CITY-ST-ZIP MADEIRA BCH. FL 33708 CITY-ST-ZIP TITLE Change ☐ Addition TIT! F Delete FRENCH, ROBERT NAME NAME STREET ADDRESS 401-150TH AVE. # 266 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MADEIRA BEACH FL 33708 12. 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #