

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J88512 (5)

1. Corporation Name  
BOCILLA CLUB DEV. CO.



Principal Place of Business  
8116-37 MAIN ST. #41  
P.O. BOX 78  
BOKEELIA FL 33922

Mailing Address  
8111 MAIN ST. 41  
P.O. BOX 78  
BOKEELIA FL 33922-0078  
US

3. Date Incorporated or Qualified 08/20/1987 3a. Date of Last Report 02/09/1995

2. Principal Place of Business  
21 8119-52 MAIN ST.  
Suite, Apt. #, etc.  
22  
City & State  
23 Bokeelia, FL  
Zip Country  
24 33922 25 US

2a. Mailing Address  
26 8119-52 MAIN ST.  
Suite, Apt. #, etc.  
27 P.O. Box 78  
City & State  
28 Bokeelia, FL  
Zip Country  
29 33922-0078 30 US

4. FEI Number 59-2837381 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

JOHNSON, GENE R  
8111 MAIN ST, 41  
BOKEELIA FL 33922

## 10. Name and Address of New Registered Agent

81 Name GENE R. JOHNSON  
82 Street Address (P.O. Box Number is Not Acceptable) 8119-52 MAIN ST.  
83  
84 City Bokeelia FL 85 Zip Code 33922

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Gene R. Johnson*

4-15-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MAY, HERBERT E.	
STREET ADDRESS	311 E. HARRISON ST	
CITY-ST-ZIP	SWAYZEE IN	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	JOHNSON, GENE R.	
STREET ADDRESS	8111 MAIN ST., 41	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FINCH, LLOYD	
STREET ADDRESS	885 BELLAMY BLVD.	
CITY-ST-ZIP	MARION IN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Melen Castle	
1.3 STREET ADDRESS	8135-70 MAIN ST.	
1.4 CITY-ST-ZIP	Bokeelia, FL 33922	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	8119-52 MAIN ST.	
2.4 CITY-ST-ZIP	Bokeelia, FL 33922	
3.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	717 Jeffers Ave.	
3.4 CITY-ST-ZIP	MARION, IN. 46952	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Gene R. Johnson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 317-662-7784  
Date Daytime Phone #

CR2E034 (12/95)