

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90006 018 \*\*\*\*61.25

**DOCUMENT # N03000006302**

1. Entity Name  
**BASS INLET CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 316 COLDEWAY DR., UNIT D-29  
 PUNTA GORDA, FL 33950

Mailing Address  
 100 SULLIVAN ST  
 STE 112  
 PUNTA GORDA, FL 33950 US

40046359



03042008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
 20-1395147

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENE, JOAN  
 100 SULLIVAN ST  
 STE 112  
 PUNTA GORDA, FL 33950

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee Is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME SWICKERT, DOLORES  
 STREET ADDRESS 348 SUNSET AVE  
 CITY-ST-ZIP AURORA, IL 60506

TITLE **SO**  
 NAME **Tom**  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VTD  Delete  
 NAME OKRAY, LARRY  
 STREET ADDRESS 320 COLDEWAY DR #123  
 CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE PD  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME SIMLER, SHARON  
 STREET ADDRESS P.O. BOX 673  
 CITY-ST-ZIP ONSET, MA 02558

TITLE **VPD**  
 NAME **TOM WERNET**  Change  Addition  
 STREET ADDRESS **32820 Jefferson Ave**  
 CITY-ST-ZIP **Saint Clair Shores MI 48082**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Larry Chapp*  
 3/16/08

Date

Daytime Phone # \_\_\_\_\_