
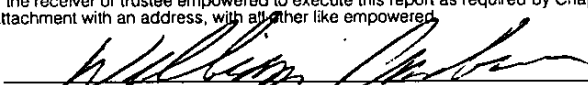


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90077 031 \*\*\*\*61.25

<b>DOCUMENT # N05000002352</b>					
1. Entity Name BOCA CIEGA RESORT & MARINA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8880 BAY PINES BLVD. ST. PETERSBURG, FL 33709			Mailing Address 8880 BAY PINES BLVD. ST. PETERSBURG, FL 33709		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JACKSON, ED 8800 BAY PINES BLVD ST PETERSBURG, FL 33709				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 _____ (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. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ED		NAME	William Anderson	
STREET ADDRESS	8800 BAY PINES BLVD		STREET ADDRESS	461 RIVIERA BAY DR. N.E.	
CITY-ST-ZIP	ST PETERSBURG, FL 33709		CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESOSKY, JOHN		NAME	Richard Hill	
STREET ADDRESS	2715 E. OAKLAND PARK BLVD.		STREET ADDRESS	8396 MEADOW BROOK DR.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33306		CITY-ST-ZIP	LARGO FL 33777	
TITLE	V	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENESI, FRED		NAME	Harold Wistel	
STREET ADDRESS	8800 BAY PINES BLVD.		STREET ADDRESS	6320 LAKEWOOD DR.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709		CITY-ST-ZIP	MARENGO, IL 60152	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			4/12/08 2275764439		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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01292008 Chg-NP CR2E037 (12/06)

4. FEI Number 27-0118789 Applied For Not Applicable

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