

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002352

FILED
Apr 08, 2009
Secretary of State

Entity Name: BOCA CIEGA RESORT & MARINA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8880 BAY PINES BLVD.
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

8880 BAY PINES BLVD.
ST. PETERSBURG, FL 33709

New Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33777

FEI Number: 27-0118789

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, ED
8800 BAY PINES BLVD
ST PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

REINHARDT, DEBBIE
7300 PARK STREET
SEMINOLE, FL 33777 US

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: DEBBIE REINHARDT

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, WILLIAM
Address: 461 RIVIERA BAY DR. NE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: ST () Delete
Name: LESOUSKY, JOHN
Address: 2715 E. OAKLAND PARK BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: V () Delete
Name: SENESI, FRED
Address: 8800 BAY PINES BLVD.
City-St-Zip: ST. PETERSBURG, FL 33709

Title: VP () Delete
Name: HILL, RICHARD
Address: 6220 LAKESWOOD DR
City-St-Zip: MARENGO, IL 60152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: FLOWERS, RON
Address: 1 KEY CAPRI #601
City-St-Zip: TREASURE ISLAND, FL 33702

Title: D (X) Change () Addition
Name: WISTED, HAROLD
Address: 6220 LAKEWOOD DR
City-St-Zip: MARENGO, IL 60

Title: S/T (X) Change () Addition
Name: HILL, RICHARD
Address: 6220 LAKESWOOD DR
City-St-Zip: MARENGO, IL 60152

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL ANDERSON

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date