

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2006 8:00 am
Secretary of State

05-03-2006 90451 001 ***245.00
08-22-2006 90027 032 ****61.25

00040000



DOCUMENT # N06000000015 1. Entity Name HICKORY BAY BOAT HOUSE OWNERS' ASSOCIATION, INC.					
Principal Place of Business 4751 BONITA BEACH RD BONITA SPRINGS, FL 34134			Mailing Address 4751 BONITA BEACH RD BONITA SPRINGS, FL 34134		
2. Principal Place of Business		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	
BRACCI, STEVEN J 9200 BONITA BEACH RD STE 200-23 BONITA SPRINGS, FL 34135				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 file if applicable. (NOTE: Registered Agent signature required when reissuing)					
Filing Fee is \$61.25 Due by September 8, 2006		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					
TITLE	D ☐ Delete				
NAME	SCHIAFONE, SALVATORE A				
STREET ADDRESS	4751 BONITA BEACH RD				
CITY - ST - ZIP	BONITA SPRINGS, FL 34134				
TITLE	D ☐ Delete				
NAME	MARKOWITZ, EDWARD				
STREET ADDRESS	4751 BONITA BEACH RD				
CITY - ST - ZIP	BONITA SPRINGS, FL 34134				
TITLE	D ☐ Delete				
NAME	BRACCI, STEVEN J				
STREET ADDRESS	9220 BONITA BEACH RD - STE 200-23				
CITY - ST - ZIP	BONITA SPRINGS, FL 34135				
TITLE	D ☐ Delete				
NAME	_____				
STREET ADDRESS	_____				
CITY - ST - ZIP	_____				
TITLE	D ☐ Delete				
NAME	_____				
STREET ADDRESS	_____				
CITY - ST - ZIP	_____				
TITLE	D ☐ Delete				
NAME	_____				
STREET ADDRESS	_____				
CITY - ST - ZIP	_____				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	☐ Change ☐ Addition				
NAME	_____				
STREET ADDRESS	_____				
CITY - ST - ZIP	_____				
TITLE	☐ Change ☐ Addition				
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: <u>Salvatore Schiafone</u> Director <u>8-18-06</u> 239-707-9096					