


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90020 045 ****61.25

DOCUMENT # N06000006660 1. Entity Name BOCA CIEGA SHORES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4986 ANNISTON CIRCLE TAMPA, FL 33647			Mailing Address 4986 ANNISTON CIRCLE TAMPA, FL 33647		
2. Principal Place of Business - No P.O. Box # 245 104th Ave.		3. Mailing Address 250 104th Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Treasure Island, Fl.		City & State Treasure Island, Fl.		4. FEI Number 562632559	
Zip 33706		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33706		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELKINS, MICHAEL L ESQ CORCORAN & ELKINS, LLP 100 SOUTHEAST THRID AVE STE 1910 FORT LAUDERDALE, FL 33394			7. Name and Address of New Registered Agent Name Sue Lamont, Lamont Management Street Address (P.O. Box Number is Not Acceptable) 250 104th Ave. City Treasure Island FL Zip Code 33706		
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 <u><i>Sue Lamont</i></u> 07/25/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DP MINCBERG, DAVID 4986 ANNISTON CIRCLE TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEITZMAN, HOWARD R 2443 WEST 16TH STREET #4 CHICAGO, IL 60608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POWERS, HOWARD 2443 WEST 16TH STREET #4 CHICAGO, IL 60608	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this form 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><i>[Signature]</i></u> VICE PRESIDENT 7/27/07 312-276-5902 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					