

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006660

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** BOCA CIEGA SHORES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

245 104TH AVE  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

250 104TH AVE  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

**FEI Number:** 56-2632559

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUE LAMONT, LAMONT MANAGEMENT  
250 104TH AVE  
TREASURE, FL 33706 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: WEITZMAN, HOWARD R  
Address: 2443 WEST 16TH STREET #4  
City-St-Zip: CHICAGO, IL 60608

Title: ST ( ) Delete  
Name: POWERS, HOWARD  
Address: 2443 WEST 16TH STREET #4  
City-St-Zip: CHICAGO, IL 60608

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WEITZMAN, HOWARD R  
Address: 2443 WEST 16TH STREET #4  
City-St-Zip: CHICAGO, IL 60608

Title: S (X) Change ( ) Addition  
Name: POWERS II, HOWARD  
Address: 2443 WEST 16TH STREET #4  
City-St-Zip: CHICAGO, IL 60608

Title: T ( ) Change (X) Addition  
Name: WEITZMAN, ARDEN  
Address: 2443 WEST 16TH STREET #4  
City-St-Zip: CHICAGO, IL 60608

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: HOWARD POWERS II

S

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date