2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000818

Entity Name: BOCILLA ISLAND MARINA CLUB, INC.

FILED Apr 26, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PARAGON FINANCIAL SERVICES
8280 COLLEGE PKWY #103
FORT MYERS, FL 33919

PARAGON FINANCIAL SERVICES
8270 COLLEGE PKWY #104
FORT MYERS, FL 33919

Current Mailing Address: New Mailing Address:

PARAGON FINANCIAL SERVICES
8280 COLLEGE PKWY #103
FORT MYERS, FL 33919

PARAGON FINANCIAL SERVICES
8270 COLLEGE PKWY #104
FORT MYERS, FL 33919

FEI Number: 20-8303889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CONRAD, DEBBIE
PARAGON FINANCIAL SERVICES
8280 COLLEGE PKWY #103
FORT MYERS, FL 33919 US

CONRAD, DEBBIE
PARAGON FINANCIAL SERVICES
8270 COLLEGE PKWY #104
FORT MYERS, FL 33919 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 CONRAD 04/26/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: WHEATON, DAVID

Address: 16650 BOCILLA ISLAND CLUB J54

City-St-Zip: BOKEELIA, FL 33922

Title: SD

Name: BLOOD, PETER

Address: 16747 BOCILLA PALMS DR C12

City-St-Zip: BOKEELIA, FL 33922

Title:

Name: HAUBENREICH, JOHN G

Address: 56 PERIMETER CENTER EAST #450

City-St-Zip: ATLANTA, GA 30346

Title: PD

Name: KEYES, WILLIAM
Address: 2825 SEABREEZE DR
City-St-Zip: GULFPORT, FL 33707

Title:

 Name:
 WATSON, DAVID

 Address:
 3 DOGWOOD LAND

 City-St-Zip:
 CLARKSVILLE, TN 37043

Title: TD

Name: BLITZKO, JOSEPH

Address: 16649 BOCILLA PALMS DR F31

City-St-Zip: BOKEELIA, FL 33922

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH BLITZKO TD 04/26/2010