2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21009

FILED Jan 21, 2009 Secretary of State

Entity Name: BOCA BAY MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 800 GULF BLVD. 801 GULF BLVD BOCA GRANDE, FL 33921 BOCA GRANDE, FL 33921 US US **Current Mailing Address: New Mailing Address:** P.O.BOX 1239 BOCA GRANDE, FL 33921 US FEI Number: 62-1342782 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: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete COLEHOWER, WILLIAM HANNAH, LARRY Name: Name: 767 BEACHVIEW DR. Address: 801 GULF BLVD Address: City-St-Zip: BOCA GRANDE, FL 33921 City-St-Zip: BOCA GRANDE, FL 33921 US Title: Title: () Change (X) Addition () Delete Name: SULLIVAN, JAMES Name: Address: Address: 801 GULF BLVD City-St-Zip: City-St-Zip: BOCA GRANDE, FL 33921 US Title: () Delete Title: () Change (X) Addition KISSINGER, JOHN Name: Name: 801 GULF BLVD Address: Address: City-St-Zip: City-St-Zip: BOCA GRANDE, FL 33921 US Title: () Delete Title: DS () Change (X) Addition Name: Name: SCHLEGEL, FRED Address: Address: 801 GULF BLVD City-St-Zip: City-St-Zip: BOCA GRANDE, FL 33921 US Title: () Delete Title: () Change (X) Addition MEYER, DENNIS Name: Name: 801 GULF BLVD Address: Address: City-St-Zip: City-St-Zip: BOCA GRANDE, FL 33921 US Title: () Delete Title: () Change (X) Addition SMEDLEY, RAY Name: Name: Address: Address: 801 GULF BLVD BOCA GRANDE, FL 33921 US City-St-Zip: City-St-Zip:

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: LARRY HANNAH DP 01/21/2009