


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N35104</b> 1. Entity Name <b>BARRIER ISLAND PARKS SOCIETY, INC.</b>						FILED 08 APR 29 AM 8:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>880 BELCHER ROAD C/O BARRIER IS. GEO PARK BOCA GRANDE, FL 33921</b>				Mailing Address <b>P.O. BOX 637 BOCA GRANDE, FL 33921 US</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>65-0327405</b>				Applied For <input type="checkbox"/> Not Applicable		01112008 Chg-NP CR2E037 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>STIRLING, BRUCE 152 BLACKWALL CT BOCA GRANDE, FL 33921</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE <b>P</b> NAME <b>DURNO, JOHN</b> STREET ADDRESS <b>355 PILOT PT LN</b> CITY-ST-ZIP <b>BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Delete			TITLE <b>DIRECTOR</b> NAME <b>DIRECTOR</b> STREET ADDRESS <b>DIRECTOR</b> CITY-ST-ZIP <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VP</b> NAME <b>COLEHOWER, TINA</b> STREET ADDRESS <b>767 BEACH VIEW DR</b> CITY-ST-ZIP <b>BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Delete			TITLE <b>DIRECTOR</b> NAME <b>DIRECTOR</b> STREET ADDRESS <b>DIRECTOR</b> CITY-ST-ZIP <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>LOWE, TRISHA</b> STREET ADDRESS <b>1711 PELICAN COVE RD, GL444</b> CITY-ST-ZIP <b>SARASOTA, FL 34231</b>	<input type="checkbox"/> Delete			TITLE <b>Secretary</b> NAME <b>SECRETARY</b> STREET ADDRESS <b>SECRETARY</b> CITY-ST-ZIP <b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>DAVIS, FRANK</b> STREET ADDRESS <b>370 ANCHOR ROW</b> CITY-ST-ZIP <b>CAPE HAZE, FL 33946</b>	<input type="checkbox"/> Delete			TITLE <b>President</b> NAME <b>PRESIDENT</b> STREET ADDRESS <b>PRESIDENT</b> CITY-ST-ZIP <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>T</b> NAME <b>STIRLING, BRUCE</b> STREET ADDRESS <b>152 BLACKWALL CT</b> CITY-ST-ZIP <b>BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Delete			TITLE <b>President</b> NAME <b>PRESIDENT</b> STREET ADDRESS <b>PRESIDENT</b> CITY-ST-ZIP <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b> NAME <b>HOOPES, TED</b> STREET ADDRESS <b>1712 JOSE GASPAR DR</b> CITY-ST-ZIP <b>BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Delete			TITLE <b>President</b> NAME <b>PRESIDENT</b> STREET ADDRESS <b>PRESIDENT</b> CITY-ST-ZIP <b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> <i>John A. Durno</i>				4-14-08 941-964-0115			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

# Barrier Island Park Society

**Director**

Elsie Bracken  
384 Lee Ave  
Boca Grande, FL 33921

**Director**

Carol Forrester  
4070 Loomis Ave  
Boca Grande, FL 33921

**Director**

Tina Marrelli-Glass  
155 1<sup>st</sup>. Street  
Boca Grande, FL 33921

**Treasurer**

Jim Grant  
11200 Hacienda del mar Blvd. #301  
Placida, FL 33946

**Vice President**

Larry Hannah  
763 Beach View Dr.  
Boca Grande, FL 33921

**Director**

Christian Scott Hansen  
122 Carrick Bend Ln  
Boca Grande, FL 33921

**Director**

Hugh Moulton  
5000 Gasparilla Rd. DC304  
Boca Grande, FL 33921

**Director**

Virgil Pitstick  
180 Damificare St  
Boca Grande, FL 33921

**Director**

Doug Sandbo  
827-2 Harborshore Dr.  
Boca Grande, FL 33921

**Director**

Valerie Walch  
750 Beachview Dr.  
Boca Grande, FL 33921



## Florida Department of Environmental Protection

Marjory Stoneman Douglas Building  
3900 Commonwealth Boulevard  
Tallahassee, Florida 32399-3000

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

April 24, 2008

Mr. Sean Toner  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Mr. Toner:

This letter is to certify that Barrier Island Parks Society, Inc is a duly authorized citizen support organization under contract to provide support for the Division of Recreation and Parks in accordance with Section 258.015, F.S. Pursuant to Section 617.0122, F.S., this filing is exempt from any fees when certified by this department.

Please call Mary Hanley at 245-3081 if additional information is needed.

Sincerely,

A handwritten signature in black ink that reads "Mike Bullock". The signature is written in a cursive, flowing style.

Mike Bullock  
Director  
Florida Park Service

MB/mh

Enclosure