

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90032 027 \*\*\*\*61.25

**DOCUMENT # N42473**

1. Entity Name

TOCOBAGA BAY OWNERS ASSOCIATION, INC.



Principal Place of Business

1022 TOCOBAGA LANE  
SARASOTA FL 34239  
US

Mailing Address

1022 TOCOBAGA LANE  
SARASOTA FL 34239  
US



2. Principal Place of Business - No P.O. Box #

1022 TOCOBAGA LANE

Suite, Apt. #, etc.

3. Mailing Address

1022 TOCOBAGA LANE

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip  
34236

Country  
US

Zip  
34236

Country  
US

4. FEI Number

65-0268978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARROW, MIKE  
1022 TOCOBAGA LANE  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34236

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BARNETTE, JOE  
STREET ADDRESS 1045 TOCOBAGA LANE  
CITY-STATE-ZIP SARASOTA FL 34239

TITLE DV ☐ Delete  
NAME HANCOCK, KITTY  
STREET ADDRESS 3918 BOCA POINTE DR.  
CITY-STATE-ZIP SARASOTA FL 34238

TITLE DST ☐ Delete  
NAME FARROW, MIKE  
STREET ADDRESS 1022 TOCOBAGA LANE  
CITY-STATE-ZIP SARASOTA FL 34239

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP 34236

TITLE DV ☒ Change ☐ Addition  
NAME CHOUICARD, JEAN LOUIS  
STREET ADDRESS 1023 TOCOBAGA LANE  
CITY-STATE-ZIP SARASOTA FL 34236

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP 34236

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*M.G. FARROW* M.G. FARROW

2-23-08 (941) 861-8285