

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42690** (0)
1. Corporation Name

BOCA BAY PASS CLUB CORPORATION



Principal Place of Business: P.O. BOX 1677, BOCA GRANDE FL 33921-1370
Mailing Address: 500 WATER ST S/C J-160, JACKSONVILLE FL 32202, US

3. Date Incorporated or Qualified: 03/26/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) 2a. Mailing Address (26)

4. FEI Number: 65-0269060
Applied For: Not Applicable

22. Suite, Apt. #, etc. (22) 27. Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State (23) 28. City & State (28)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip (24) 25. Country (25) 29. Zip (29) 30. Country (30)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AFTOORA, PATRICIA J.
500 WATER STREET
14TH FLOOR
JACKSONVILLE FL 32202

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BECK, S.D. | |
| STREET ADDRESS | 6737 SOUTHPPOINT DR S | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | CROSBY, S. A | |
| STREET ADDRESS | ONE JAMES CENTER | |
| CITY-ST-ZIP | RICHMOND VA | |
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | AFTOORA, P.J. | |
| STREET ADDRESS | 500 WATER STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | MCKINNEY, PETER B | |
| STREET ADDRESS | 166 BLACKWALL COURT | |
| CITY-ST-ZIP | BOCA GRANDE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HOFFMANN, MARK S | |
| STREET ADDRESS | 500 WATER STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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SIGNATURE:

Patricia J. Aftoora
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patricia J. Aftoora, Vice-President

February 12, 1996 (904) 366-4242

Date

Daytime Phone #

CR2E037 (12/95)