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FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N45739 (2)

1. Corporation Name

BOCILLA ISLAND CLUB WEST CONDOMINIUM ASSOCIATION  
, INC.

Principal Place of Business

Mailing Address

P.O. BOX 78  
BOKEELIA FL 33922P.O. BOX 78  
BOKEELIA FL 33922-00783. Date Incorporated or Qualified  
10/24/19913a. Date of Last Report  
02/05/1996

4. FEI Number

65-0323380

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida StatutesYes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, GENE R  
8119 MAIN ST, #52  
BOKEELIA FL 33922

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 D ☒ DELETE  
NAME CASTLE, HELEN  
STREET ADDRESS 8135 MAIN ST #70  
CITY-ST-ZIP BOKEELIA FLTITLE DP ☐ DELETE  
NAME JOHNSON, GENE R.  
STREET ADDRESS 8111 MAIN ST, 41  
CITY-ST-ZIP BOKEELIA FLTITLE DST ☐ DELETE  
NAME FINCH, LLOYD  
STREET ADDRESS 835 BELLAMY BLVD.  
CITY-ST-ZIP MARION IDTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIPD ☐ Change ☒ Addition  
ANNA J. JOHNSON  
8119 MAIN STREET-52  
BOKEELIA, FL. 33922DP ☒ Change ☐ Addition  
GENE R. JOHNSON  
8119 MAIN STREET-52  
BOKEELIA, FL. 33922DET ☒ Change ☐ Addition  
LLOYD FINCH  
717 WEST JEFFERSON AVE.  
MARION, IN. 46952D ☐ Change ☒ Addition  
MARVIN L. WILKIE  
8119 MAIN STREET-54  
BOKEELIA, FL. 33922D ☐ Change ☒ Addition  
WILTON HALBIG  
8135 MAIN STREET-71  
BOKEELIA, FL. 33922☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gene R. Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0087018

CR2E037 (9/96)