

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45739 (2)
1. Corporation Name
BOCILLA ISLAND CLUB WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**P.O. BOX 78
BOKEELIA FL 33922**

Mailing Address
**P.O. BOX 78
BOKEELIA FL 33922**

3. Date Incorporated or Qualified
10/24/1991

4. FEI Number
65-0323380

Applied For
☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 583
22 City & State	27 BOKEELIA FL
23 Zip	28 33922
24 Country	29 LEE

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

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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS FL 33901**

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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, GENE R.	
STREET ADDRESS	8119 MAIN ST - 52	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	FINCH, LLOYD	
STREET ADDRESS	717 W JEFFRA AVE	
CITY-ST-ZIP	MARION IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILKIE, MARVIN L	
STREET ADDRESS	8119 MAIN ST 54	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALBIG, WILTON	
STREET ADDRESS	8135 MAIN ST - 71	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, ANNA	
STREET ADDRESS	8119 MAIN ST - 52	
CITY-ST-ZIP	BOKEELIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PALMER, RON	
1.3 STREET ADDRESS	8119 MAIN ST - 52	
1.4 CITY-ST-ZIP	BOKEELIA FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WEAVER, MELANIE	
2.3 STREET ADDRESS	8119 MAIN ST - 50	
2.4 CITY-ST-ZIP	BOKEELIA FL	
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HALBIG, WILTON	
3.3 STREET ADDRESS	8135 MAIN ST - 71	
3.4 CITY-ST-ZIP	BOKEELIA FL	
4.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DELAVINA, ORLANDO	
4.3 STREET ADDRESS	8135 MAIN ST - 74	
4.4 CITY-ST-ZIP	BOKEELIA FL	
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		

14. I 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:

[Signature]

2-19-98 941-283-5322

CR2E037 (10/97)