


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N46658</b> 1. Entity Name BOCILLA BEACH TO BAY PROPERTY OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 400 SOUTH GULF BLVD PLACIDA, FL 33946 US	Mailing Address 4880 PLACIDA ROAD STE G ENGLEWOOD, FL 34224 US
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02122007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0344260	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MACKINNON, ALEXANDER 334 BLANCA AVENUE TAMPA, FL 33606
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCGILLCUTTY, PRISCILLA 631 BOCILLA PLACIDA, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEIL, VICKI 4736 BERKLEY TERRACE NW WASHINGTON, DC 20007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KETT, DANNY PO BOX 726 PLACIDA, FL 33946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACKINNON, ALEXANDER 334 BLANCA AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITWORTH, HALL 1810 EAST ADAMS DR. MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL, TIMOTHY 3221 PARK STREET JACKSONVILLE, FL 32206

U00000669850  
03/27/07-80089-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: *A. H. Mackinnon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-07 813-621-4671  
Date Daytime Phone #