2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# N46658

Entity Name: BOCILLA BEACH TO BAY PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

400 SOUTH GULF BLVD
PLACIDA, FL 33946 US

New Principal Place of Business:

Current Mailing Address:

4880 PLACIDA ROAD
STE G
ENGLEWOOD, FL 34224 US

New Mailing Address:

FEI Number: 65-0344260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MACKINNON, ALEXANDER
334 BLANCA AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	MCGILLCUTTY, PRISCILLA	
Address:	631 BOCILLA	
City-St-Zip:	PLACIDA, FL 33946 US	
Title:	S	( ) Delete
Name:	WEIL, VICKI	
Address:	4736 BERKLEY TERRACE NW	
City-St-Zip:	WASHINGTON, DC 20007 US	
Title:	DVP	( ) Delete
Name:	KETT, DANNY	
Address:	PO BOX 726	
City-St-Zip:	PLACIDA, FL 33946 US	
Title:	P	( ) Delete
Name:	MACKINNON, ALEXANDER	
Address:	334 BLANCA AVENUE	
City-St-Zip:	TAMPA, FL 33606 US	
Title:	D	( ) Delete
Name:	WHITWORTH, HALL	
Address:	1810 EAST ADAMS DR.	
City-St-Zip:	MAITLAND, FL 32751 US	
Title:	D	( ) Delete
Name:	DANIEL, TIMOTHY	
Address:	3221 PARK STREET	
City-St-Zip:	JACKSONVILLE, FL 32206 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	HOFMANN, BONNIE	
Address:	120 E. 87TH ST.	
City-St-Zip:	NEW YORK, NY 10128 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DANIEL, TIM	
Address:	387 BELLINGHAM DR.	
City-St-Zip:	THOMASVILLE, GA 31792 US	
Title:	D	(X) Change ( ) Addition
Name:	FINAZZO, MICHAEL	
Address:	1524 NORTH DR.	
City-St-Zip:	SARASOTA, FL 34239 US	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE MACKIN MGR 04/28/2008

Electronic Signature of Signing Officer or Director — Date