FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # N9400000521 (4)

BOKEELIA BOAT CLUB, INC.

Principal Place of Business Mailing Address												
P.O. BOX 7 BOKEELIA FL 33922 P.O. BOX 7 BOKEELIA FL 33922												
									3. Date Incorporated or Qualified 02/03/1994	3a. D	of Last F 04/06/19	Report 1995
Principal Place of Business The Principal Place of Business			2a. Mailing Address 26					4. FEI Number Applied For Not Applieable				
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc. 27 City & State 28						Certificate of Status Desired				
City & State								Election Campaign Financing Trust Fund Contribution Added to Fees				
Zip Country			Zip			Country			8. This corporation has liability fo			199.032,
24	24 25 9. Name and Address of Cur			29 30					Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and A	Address of Curren	n Hegiste	reo Agent		81	T	lame	(U. Name and Address Of New	riogistorou	rigoni	
CTANIEIC				<u> </u>		17.0 D. N. L N. A	Lin					
STANFIELD, DALLAS 13960 STRINGFELLOW BLVD.						82		Street Addie	xtdress (P.O. Box Number is Not Acceptable)			
SUITE 1A						83	1	.,				
BOKEELIA FL 33922						84	1	Dity			85 Zip	Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the								•		FL T		
or register familiar wit	ed agent, or both, th, and accept the	in the State of Flore	da. Such d tion 617.0	change was authoriz 503, Florida Statutes	PECI DY THE S. DIE: Register	od Age	XVIE	ition's boar	d of diffectors. Thereby accept the ap	DATE	3 10g/3/6/00	
12.		OFFICERS AN	D DIRECT		13				ADDITIONS/CHANGES TO O	FICERS AN		
TITLE	D	D11140		DELETE		TITLE		ļ			Change	Addition Addition
NAME	STANFIELD,	D CHITE 4A			NAME							
1	STREET ADDRESS 13960 STRINGFELLOW BLV DIV. ST. ZIP BOKEELIA FL 33922			יטיי פטווב וא		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP						
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TITLE NAME	_	ANTHONY R		[_]bezen		NAME					_ •	
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CITY-ST-ZIP	MEDIA PA 1		•			CITY-						
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CITY-ST-ZIP TITLE	 			DELETE		TITLE					☐ Change	Addition
NAME	1			_		NAME						
STREET ADDRESS								DAESS				
DITY ST. 710						CITY-						

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 certify 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:

Data Stanfield Vallath

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

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