

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90085 035 ****61.25

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DOCUMENT # N94000000521

1. Corporation Name

BOKEELIA BOAT CLUB, INC.

Principal Place of Business

P.O. BOX 7
BOKEELIA FL 33922

Mailing Address

P.O. BOX 7
BOKEELIA FL 33922



2. Principal Place of Business

21 **13960 Stringfellow Rd.**

Suite, Apt. #, etc.

22 **PO Box 7**

City & State

23 **Bokeelia FL**

Zip Country

24 **33922** 25 **Lee**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

Zip Country

29 Zip Country

30

3. Date Incorporated or Qualified

02/03/1994

4. FEI Number

65-0468059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STANFIELD, DALLAS
13960 STRINGFELLOW BLVD.
SUITE 1A
BOKEELIA FL 33922

10. Name and Address of New Registered Agent

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 ☐ DELETE
NAME **D**
STREET ADDRESS **STANFIELD, DALLAS**
CITY-ST-ZIP **13960 STRINGFELLOW BLVD., SUITE 1A**
BOKEELIA FL 33922

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SEMERARO, ELIZABETH**
CITY-ST-ZIP **510 SPRINGHAVEN RD**
WALLINGFORD PA

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **TALENTINO, MARY**
CITY-ST-ZIP **15806 BELLFLOWER ST**
BOKEELIA FL 33922

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D Stanfield, MARY
13960 Stringfellow
Bokeelia FL 33922

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, with all other like empowered.

SIGNATURE: **Dallas H. Stanfield** **REQUIRED 2-1-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-283-4063

CR2E037 (11/98)