## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000004237

FILED Feb 04, 2009 Secretary of State

Entity Name: BEACH VIEW AT BOCA BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

800 GULF BLVD. 801 GULF BLVD

BOCA GRANDE, FL 33921 BOCA GRANDE, FL 33921

Current Mailing Address: New Mailing Address:

PO BOX 1239

BOCA GRANDE, FL 33921

FEI Number: 65-0522781 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 U:

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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete Title: DVS (X) Change ( ) Addition Name: FIELD, CHARLES Name: FIELD, CHARLES

 Address:
 791 BEACH VIEW DRIVE
 Address:
 801 GULF BLVD

 City-St-Zip:
 BOCA GRANDE, FL 33921
 City-St-Zip:
 BOCA GRANDE, FL 33921

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

Name: WILLIAM, JACK Name: WILLIAM, JACK
Address: 828 SOUTH HARBOR DR Address: 801 GULF BLVD

City-St-Zip: BOCA GRANDE, FL 33921 City-St-Zip: BOCA GRANDE, FL 33921

 $\label{eq:title:DVT} \mbox{Title:} \mbox{DVT} \mbox{$($)$ Delete} \mbox{Title:} \mbox{$DVT$} \mbox{$($)$ Change $($)$ Addition}$ 

 Name:
 HARMS, JOHN
 Name:
 HARMS, JOHN

 Address:
 750 SEABOARD LINE LN
 Address:
 801 GULF BLVD

City-St-Zip: BOCA GRANDE, FL 33921 City-St-Zip: BOCA GRANDE, FL 33921

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: WILLIAM JACK DP 02/04/2009