

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000002602

1. Entity Name
**THE BOAT CLUB HOMEOWNERS ASSOCIATION, INC. AT
VILLA DANIELLE**



Principal Place of Business
**P O BOX 5115
GULF BREEZE, FL 32566**

Mailing Address
**P O BOX 5115
GULF BREEZE, FL 32566**



01272004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3583374

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DOZIER, RON
2852 BOAT CLUB LANE
PENSACOLA, FL 32503**

**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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000021275
01/29/04-80100-014 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOZIER, RON 2852 BOAT CLUB LANE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIAR, GENE 2850 BOAT CLUB LANE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANDLER, LANE 2870 BOAT CLUB LANE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOHNSON, RALPH 7848 LOLA CIRCLE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RALPH JOHNSON 1/27/04 850-936-7306