

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

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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**



01042008 No Chg-NP

CR2E037 (4/06)

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

**JOHNSON, RALPH
7848 LOLA CIR
NAVARRE, FL 32566**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000715369
01/08/08-80027-012 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
GOODYEAR, JOANN
2852 BOAT CLUB LN
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
TAYLOR, ROBERT
1888 BOAT CLUB LANE
NAVARRE, FL 32566**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
FOSTER, GERALD
7860 LOLA CIRCLE
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 exemptions contained 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 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

RALPH JOHNSON

1/4/08

Date

850-936-7306

Daytime Phone #