

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002602

FILED
Jan 10, 2009
Secretary of State

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

Current Principal Place of Business:

P O BOX 5115
GULF BREEZE, FL 32566

New Principal Place of Business:

7848 LOLA CIRCLE
NAVARRE, FL 32566

Current Mailing Address:

P O BOX 5115
GULF BREEZE, FL 32566

New Mailing Address:

P.O. BOX 5115
NAVARRE, FL 32566 US

FEI Number: 59-3583374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, RALPH
7848 LOLA CIR
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

JOHNSON, RALPH S
7848 LOLA CIRCLE
NAVARRE, FL 32566 US

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: RALPH S. JOHNSON

01/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: GOODYEAR, JOANN
Address: 2852 BOAT CLUB LN
City-St-Zip: NAVARRE, FL 32566

Title: SD () Delete
Name: TAYLOR, ROBERT
Address: 1866 BOAT CLUB LANE
City-St-Zip: NAVARRE, FL 32566

Title: PD () Delete
Name: FOSTER, GERALD
Address: 7860 LOLA CIRCLE
City-St-Zip: NAVARRE, FL 32566

Title: STD () Delete
Name: JOHNSON, RALPH
Address: 7848 LOLA CIRCLE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: TAYLOR, ROBERT
Address: 2866 BOAT CLUB LANE
City-St-Zip: NAVARRE, FL 32566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: JOHNSON, RALPH S
Address: 7848 LOLA CIRCLE
City-St-Zip: NAVARRE, FL 32566

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: RALPH S. JOHNSON

STD

01/10/2009

Electronic Signature of Signing Officer or Director

Date