

DOCUMENT # N980000038251. Entity Name **Harborside II at Boca Bay Condominium Association, Inc.****FILED**
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90011 036 ****61.25

Principal Place of Business
635 Boca Bay Drive
Boca Grande, FL 33921Mailing Address
500 Water Street - J160
Jacksonville, FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3544593

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE **D/VP/ CS** ☐ Delete
NAME **Patricia J. Aftoora**
STREET ADDRESS **500 Water Street**
CITY-ST-ZIP **Jacksonville, FL 32202**TITLE **P** ☒ Delete
NAME **S. D. Beck**
STREET ADDRESS **301 W. Bay Street**
CITY-ST-ZIP **Jacksonville, FL 32202**TITLE **D/VP/T** ☐ Delete
NAME **R. M. Hood**
STREET ADDRESS **301 W. Bay Street**
CITY-ST-ZIP **Jacksonville, FL 32202**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Change ☒ Addition
NAME **S. A. Crosby**
STREET ADDRESS **301 W. Bay Street**
CITY-ST-ZIP **Jacksonville, FL 32202**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Change ☒ Addition
NAME **William Sackett**
STREET ADDRESS **771-1 Harborshore Drive**
CITY-ST-ZIP **Boca Grande, FL 33921**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Patricia J. Aftoora

3/20/2000

Date

904-366-4242

Daytime Phone #

CRZE037 (9/99)