

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000086915 (3)

1. Corporation Name

SOUTH BEACH OF BOCA GRANDE INC.



Principal Place of Business

777 GULF BLVD
BOCA GRANDE FL 33921

Mailing Address

P.O. BOX 1262
BOCA GRANDE FL 33921
US

3. Date Incorporated or Qualified
11/30/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. Box 1560

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

BOCA GRANDE

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

FL.

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

29

33921

Lee

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILLAN, WILLIAM
821 BELCHER RD
BOCA GRANDE FL 33921

Same agent
Address
change

81 Name

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

821 Belcher

83

P.O. Box 1560

84

City BOCA GRANDE

FL

85 Zip Code

33921

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	GILLIAN, WILLIAM	<input type="checkbox"/> DELETE
NAME		821 BELCHER RD	spelled wrong
STREET ADDRESS		BOCA GRANDE FL	
CITY - ST - ZIP			
TITLE	DVP	KANE, TOM	<input checked="" type="checkbox"/> DELETE
NAME		777 GULF BLVD	
STREET ADDRESS		BOCA GRANDE FL	
CITY - ST - ZIP			
TITLE	DST	KANE, SUSAN	<input checked="" type="checkbox"/> DELETE
NAME		777 GULF BLVD	
STREET ADDRESS		BOCA GRANDE FL	
CITY - ST - ZIP			
TITLE	VP	MIGLIACCIO, SAM	<input type="checkbox"/> DELETE
NAME		81 ST ROTONDA CIRCLE	
STREET ADDRESS		ROTONDA WEST FL	
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. P.D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	GILLIAN, WILLIAM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	DSC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GILLIAN, Shirley	
2.3 STREET ADDRESS	821 Belcher Rd.	
2.4 CITY - ST - ZIP	P.O. Box 1024	
	BOCA GRANDE, FL 33921	
3.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MIGLIACCIO, Lidia	
3.3 STREET ADDRESS	81 ROTONDA CIRCLE	
3.4 CITY - ST - ZIP	ROTONDA WEST, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William Gillan William GILLAN 4-2496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-964-0765

CR2E034 (12/95)