

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 1560
BOCA GRANDE FL 33921-1560
US

3. Date Incorporated or Qualified 11/30/1994	3a. Date of Last Report 04/29/1996
4. FEI Number NOT APPLICABLE 65-0694374	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
GILLAN, WILLIAM
821 BELCHER RD
P.O. BOX 1560
BOCA GRANDE FL 33921

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GILLAN, WILLIAM	1.2 NAME	
STREET ADDRESS	821 BELCHER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	GILLAN, SHIRLEY	2.2 NAME	
STREET ADDRESS	821 BELCHER RD, P.O. BOX 1024	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	☐ Change ☐ Addition
NAME	MIGLIACCIO, LIDIJA	3.2 NAME	
STREET ADDRESS	81 ROTONDA CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	MIGLIACCIO, SAM	4.2 NAME	
STREET ADDRESS	81ST ROTONDA CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Shirley Gillan* 3/28/97 941-964-0765

CR2E034 (9/96)