2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2014
Secretary of State
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Entity Name: BOCA CIEGA MANOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2001-2009 PINE ISLE LN
NAPLES, FL 34112

Current Mailing Address:

C/O GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109 US

FEI Number: 59-2168247

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
C/O GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD
NAPLES, FL 34109 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: BYRON L ROSS 03/18/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PD
Name	JAMES, CHARLES
Address	2012 PINE ISLE DRIVE
City-State-Zip:	NAPLES FL 34112

Title	VPD
Name	HEALY, WILLIAM
Address	2057 PINE ISLE DRIVE
City-State-Zip:	NAPLES FL 34112

Title	SD
Name	HUDEC, JOHN
Address	2091 PINE ISLE LANE
City-State-Zip:	NAPLES FL 34112

Title	TD
Name	HOLBROOK, GLORIA
Address	2053 PINE ISLE LANE
City-State-Zip:	NAPLES FL 34112

Title	D
Name	ZATKO, MATTHEW R
Address	2079 PINE ISLE LANE
City-State-Zip:	NAPLES FL 34112

Title	D
Name	REAL, JOHN
Address	2002 PINE ISLE LANE
City-State-Zip:	NAPLES FL 34112

Title	DIRECTOR
Name	KIERSTED, JERI
Address	2055 PINE ISLE LN
City-State-Zip:	NAPLES FL 34112

I hereby 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 all other like empowered.

SIGNATURE: CHARLES JAMES PRESIDENT 03/18/2014

Electronic Signature of Signing Officer/Director Detail — Date