

**COMMITTEE ON NATURAL RESOURCES**  
**Disclosure Form**  
**As required by and provided for in House Rule XI, clause 2(g) and**  
**the Rules of the Committee on Natural Resources**

**SUBCOMMITTEE ON FISHERIES, WILDLIFE, OCEANS AND INSULAR AFFAIRS**  
**ON H.R. 2154 — TO CORRECT THE BOUNDARIES OF THE JOHN H. CHAFEE**  
**COASTAL BARRIER RESOURCES SYSTEM GASPARILLA ISLAND UNIT FL-70P**

October 25, 2011

For Individuals:

1. Name: Ms. Jacqueline Nicholson
2. Address: "'''']Kp'p'v'p'tgf'ce'gf'hq'r'tk'ce{ \_
3. Email Address: [Information redacted for privacy]
4. Phone Number: [Information redacted for privacy]

\* \* \* \* \*

For Witnesses Representing Organizations:

1. Name: Ms. Jacqueline Nicholson
2. Name of Organization(s) You are Representing at the Hearing:

South Bay Homeowners Association

3. Business Address:

P.O. Box 1239  
Boca Grande, FL 33921

4. Business Email Address:

[Information redacted for privacy]

5. Business Phone Number:

[Information redacted for privacy]

Name/Organization Ms. Jacqueline Nicholson and South Bay Homeowners Association  
Title/Date of Hearing To Correct the Boundaries of the John H. Chaffee Coastal Barrier Resources  
System Gasparilla Island Unit FL-70P -- October 25, 2011

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

None.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

None.

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and/or other agencies invited) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

None.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None.

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

None.

Name/Organization Ms. Jacqueline Nicholson and South Bay Homeowners Association  
Title/Date of Hearing To Correct the Boundaries of the John H. Chaffee Coastal Barrier Resources  
System Gasparilla Island Unit FL-70P -- October 25, 2011

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

None.

h. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

None.

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

None.

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

See attached.

**U.S. Income Tax Return  
for Homeowners Associations**

OMB No. 1545-0127

**2007**

For calendar year 2007 or tax year beginning **07/01**, 2007, and ending **06/30**, 20 **08**

<b>Use IRS label. Other- wise, print or type.</b>	Name <b>South Bay at Boca Bay Homeowners'</b>	Employer identification number (see instructions) <b>65-0379171</b>
	Number, street, and room or suite no. (If a P.O. box, see instructions.) <b>P.O. Box 1239</b>	Date association formed <b>01/06/93</b>
	City or town, state, and ZIP code <b>Boca Grande, FL 33921</b>	

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return

<b>A</b>	Check type of homeowners association: <input type="checkbox"/> Condominium management association <input checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association		
<b>B</b>	Total exempt function income. Must meet 60% gross income test (see instructions) . . . . .	<b>B</b>	<b>53,360.</b>
<b>C</b>	Total expenditures made for purposes described in 90% expenditure test (see instructions) . . . . .	<b>C</b>	<b>38,373.</b>
<b>D</b>	Association's total expenditures for the tax year (see instructions) . . . . .	<b>D</b>	<b>40,436.</b>
<b>E</b>	Tax-exempt interest received or accrued during the tax year . . . . .	<b>E</b>	

**Gross Income** (excluding exempt function income)

1	Dividends . . . . .	1	
2	Taxable interest . . . . .	2	2,060.
3	Gross rents . . . . .	3	
4	Gross royalties . . . . .	4	
5	Capital gain net income (attach Schedule D (Form 1120)) . . . . .	5	
6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797) . . . . .	6	
7	Other income (excluding exempt function income) (attach schedule) . . . . .	7	
8	<b>Gross income</b> (excluding exempt function income). Add lines 1 through 7 . . . . .	8	<b>2,060.</b>

**Deductions** (directly connected to the production of gross income, excluding exempt function income)

9	Salaries and wages . . . . .	9	
10	Repairs and maintenance . . . . .	10	
11	Rents . . . . .	11	
12	Taxes and licenses . . . . .	12	
13	Interest . . . . .	13	
14	Depreciation (attach Form 4562) . . . . .	14	
15	Other deductions (attach schedule) . . . . .	15	2,063.
16	<b>Total deductions.</b> Add lines 9 through 15 . . . . .	16	<b>2,063.</b>
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8 . . . . .	17	<b>-3.</b>
18	<b>Specific deduction of \$100</b> . . . . .	18	<b>\$100.00</b>

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**Tax and Payments**

19	Taxable income. Subtract line 18 from line 17 . . . . .	19	
20	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.) . . . . .	20	0.
21	Tax credits (see instructions) . . . . .	21	
22	<b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits . . . . .	22	0.
23	<b>Payments:</b> a 2008 overpayment credited to 2007 . . . . . <b>23a</b> b 2007 estimated tax payments . . . . . <b>23b</b> c Total ▶ <b>23c</b> d Tax deposited with Form 7004 . . . . . <b>23d</b> e Credit for tax paid on undistributed capital gains (attach Form 2439) <b>23e</b> f Credit for Federal tax on fuels (attach Form 4136) . . . . . <b>23f</b> g Add lines 23c through 23f . . . . . <b>23g</b>		
24	<b>Amount owed.</b> Subtract line 23g from line 22. See instructions for depository method of tax payment . . . . .	24	
25	<b>Overpayment.</b> Subtract line 22 from line 23g . . . . .	25	
26	Enter amount of line 25 you want: <b>Credited to 2008 estimated tax</b> ▶ <b>Refunded</b> ▶	26	

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Signature of officer</b> <i>James W. Sullivan</i> <b>Date</b> <i>12-2-08</i>	<b>Title</b> <i>President</i>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Paid Preparer's Use Only</b>	Preparer's signature <i>[Signature]</i> Firm's name (or yours if self-employed), address, and ZIP code <b>Crosland Joiner Schortz Sorah</b> <b>4161 Tamiami Trail, Suite 501</b> <b>Port Charlotte, FL 33952</b>	Date <i>11-24-08</i> Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <b>P00211910</b> EIN <b>59-1892838</b> Phone no. <b>(941) 629-1197</b>
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**Application for Automatic 6-Month Extension of Time To File  
Certain Business Income Tax, Information, and Other Returns**

OMB No. 1545-0233

► File a separate application for each return.

<b>Type or Print</b>	<b>Name</b>	<b>Identifying number</b>
	<b>South Bay at Boca Bay Homeowners'</b>	<b>65-0379171</b>
	Number, street, and room or suite no. If P.O. box, see instructions.	
File by the due date for the return for which an extension is requested. See instructions	<b>P.O. Box 1239</b>	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).	
	<b>Boca Grande, FL 33921</b>	

**Note. See instructions before completing this form.**

1 Enter the form code for the return that this application is for (see below) ..... **17**

2 If the foreign corporation does not have an office or place of business in the United States, check here ..... ► ☐

3 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ..... ► ☐

4a The application is for calendar year 20 \_\_\_\_\_, or tax year beginning 07/01, 20 07, and ending 06/30, 20 08

b Short tax year. If this tax year is less than 12 months, check the reason:

☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

5 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ... ► ☐  
If checked, attach a schedule, listing the name, address and Employer Identification Number (EIN) for each member covered by this application.

6 Tentative total tax .....	6	0.
7 Total payments and credits (see instructions) .....	7	0.
8 Balance due. Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions) .....	8	0.

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-L	18
Form 706-GS(T)	02	Form 1120-ND	19
Form 1041 (estate)	04	Form 1120-ND (section 4951 taxes)	20
Form 1041 (trust)	05	Form 1120-PC	21
Form 1041-N	06	Form 1120-POL	22
Form 1041-QFT	07	Form 1120-REIT	23
Form 1042	08	Form 1120-RIC	24
Form 1065	09	Form 1120-S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 9520-A	27
Form 1120	12	Form 8612	28
Form 1120-A	14	Form 8613	29
Form 1120-C	34	Form 8725	30
Form 1120-F	15	Form 8804	31
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33

South Bay at Boca Bay Homeowners'  
Association, Inc.  
65-0379171  
Form 1120H - For Year Ended 06/30/08

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Page 1, Line 15 - Other Deductions

Accounting	1,205.
Insurance	<u>858.</u>
	<u><u>2,063.</u></u>

**U.S. Income Tax Return**  
**for Homeowners Associations**  
▶ See separate instructions

OMB No. 1545-0127

**2008**

For calendar year 2008 or tax year beginning **07/01**, 2008, and ending **06/30**, 20**09**

<b>Use IRS label. Otherwise, print or type.</b>	<b>Name</b>	<b>Employer identification number (see instructions)</b>
	<b>South Bay at Boca Bay Homeowners'</b>	<b>65-0379171</b>
	Number, street, and room or suite no. (if a P.O. box, see instructions.)	<b>Date association formed</b>
	<b>P.O. Box 1239</b>	<b>01/06/93</b>
	City or town, state, and ZIP code	
	<b>Boca Grande, FL 33921</b>	

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return

<b>A</b>	Check type of homeowners association: <input type="checkbox"/> Condominium management association <input checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association
<b>B</b>	Total exempt function income. Must meet 60% gross income test (see instructions) <b>54,740.</b>
<b>C</b>	Total expenditures made for purposes described in 90% expenditure test (see instructions) <b>54,939.</b>
<b>D</b>	Association's total expenditures for the tax year (see instructions) <b>56,721.</b>
<b>E</b>	Tax-exempt interest received or accrued during the tax year

**Gross Income** (excluding exempt function income)

<b>1</b>	Dividends	<b>1</b>
<b>2</b>	Taxable interest	<b>2 1,367.</b>
<b>3</b>	Gross rents	<b>3</b>
<b>4</b>	Gross royalties	<b>4</b>
<b>5</b>	Capital gain net income (attach Schedule D (Form 1120))	<b>5</b>
<b>6</b>	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	<b>6</b>
<b>7</b>	Other income (excluding exempt function income) (attach schedule)	<b>7</b>
<b>8</b>	<b>Gross income</b> (excluding exempt function income). Add lines 1 through 7 <b>1,367.</b>	<b>8</b>

**Deductions** (directly connected to the production of gross income, excluding exempt function income)

<b>9</b>	Salaries and wages	<b>9</b>
<b>10</b>	Repairs and maintenance	<b>10</b>
<b>11</b>	Rents	<b>11</b>
<b>12</b>	Taxes and licenses	<b>12</b>
<b>13</b>	Interest	<b>13</b>
<b>14</b>	Depreciation (attach Form 4562)	<b>14</b>
<b>15</b>	Other deductions (attach schedule)	<b>15 1,782.</b>
<b>16</b>	<b>Total deductions.</b> Add lines 9 through 15 <b>1,782.</b>	<b>16</b>
<b>17</b>	Taxable income before specific deduction of \$100. Subtract line 16 from line 8 <b>-415.</b>	<b>17</b>
<b>18</b>	Specific deduction of \$100 <b>\$100.00</b>	<b>18</b>

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**Tax and Payments**

<b>19</b>	<b>Taxable income.</b> Subtract line 18 from line 17 <b>0.</b>	<b>19</b>
<b>20</b>	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.) <b>0.</b>	<b>20</b>
<b>21</b>	Tax credits (see instructions)	<b>21</b>
<b>22</b>	<b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits <b>0.</b>	<b>22</b>
<b>23</b>	<b>Payments:</b> a 2007 overpayment credited to 2008 <b>23a</b> b 2008 estimated tax payments <b>23b</b> c Total ▶ <b>23c</b> d Tax deposited with Form 7004 <b>23d</b> e Credit for tax paid on undistributed capital gains (attach Form 2439) <b>23e</b> f Credit for Federal tax on fuels (attach Form 4136) <b>23f</b> g Add lines 23c through 23f <b>23g</b>	
<b>24</b>	<b>Amount owed.</b> Subtract line 23g from line 22. (see instructions)	<b>24</b>
<b>25</b>	<b>Overpayment.</b> Subtract line 22 from line 23g	<b>25</b>
<b>26</b>	Enter amount of line 25 you want: <b>Credited to 2009 estimated tax</b> ▶ <b>Refunded</b> ▶	<b>26</b>

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

*James W. Sullivan* **2-8-10** *President*  
Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

<b>Paid Preparer's Use Only</b>	Preparer's signature <i>[Signature]</i> Date <b>11-10-09</b> Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN <b>P00211910</b>
	Firm's name (or yours if self-employed), address, and ZIP code <b>Crosland Joiner Schortz Sorah</b> EIN <b>59-1892838</b> <b>4161 Tamiami Trail #501</b> <b>Port Charlotte, FL 33952</b> Phone no. <b>(941) 629-1197</b>

Form **7004**(Rev. December 2008)  
Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns**

- **File a separate application for each return.**  
► **See separate instructions.**

OMB No. 1545-0233

**Type or  
Print**

Name

Identifying number

**South Bay at Boca Bay Homeowners'****65-0379171**

Number, street, and room or suite no. If P.O. box, see instructions.

**P.O. Box 1239**

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

**Boca Grande, FL, 33921**File by the due  
date for the  
return for which  
an extension is  
requested. See  
instructions**Note. See instructions before completing this form.****Part I Automatic 5-Month Extension** Complete if Filing Form 1065, 1041, or 8804**1 a** Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate)	04
Form 8804	31	Form 1041 (trust)	05

**Part II Automatic 6-Month Extension** Complete if Filing Other Forms**b** Enter the form code for the return that this application is for (see below)**1 7**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-PC	21
Form 706-GS(T)	02	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1068	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-E	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36
Form 1120-ND (section 4951 taxes)	20		

**2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐**3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐

If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

**Part III All Filers Must Complete This Part****4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐**5 a** The application is for calendar year 20 08, or tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_**b Short tax year.** If this tax year is less than 12 months, check the reason:
☐ Initial return   
 ☐ Final return   
 ☐ Change in accounting period   
 ☐ Consolidated return to be filed
**6** Tentative total tax ..... **6** ..... **0.****7** Total payments and credits (see instructions) ..... **7** ..... **0.**
**8** Balance due. Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions) ..... **8** ..... **0.**
For Paperwork Reduction Act Notice, see instructions.  
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South Bay at Boca Bay Homeowners'  
Association, Inc.  
65-0379171  
Form 1120H - For Year Ended 06/30/09

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Page 1, Line 15 - Other Deductions

Accounting	1,058.
Insurance	<u>724.</u>
	<u><u>1,782.</u></u>

Form **1120-H**Department of the Treasury  
Internal Revenue Service**U.S. Income Tax Return  
for Homeowners Associations**  
▶ See separate instructionsmailed 2/17/11  
OMB No. 1545-0127  
**2009**

For calendar year 2009 or tax year beginning

07/01

, 2009, and ending

06/30, 2010

Use IRS label. Other- wise, print or type.	Name <b>South Bay at Boca Bay Homeowners'</b>	Employer identification number (see instructions) <b>65-0379171</b>
	Number, street, and room or suite no. (If a P.O. box, see instructions.) <b>P.O. Box 1239</b>	Date association formed <b>01/06/93</b>
	City or town, state, and ZIP code <b>Boca Grande, FL 33921</b>	

Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return

A	Check type of homeowners association: <input type="checkbox"/> Condominium management association <input checked="" type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association
B	Total exempt function income. Must meet 60% gross income test (see instructions) <b>52,716.</b>
C	Total expenditures made for purposes described in 90% expenditure test (see instructions) <b>38,069.</b>
D	Association's total expenditures for the tax year (see instructions) <b>39,873.</b>
E	Tax-exempt interest received or accrued during the tax year

**Gross Income** (excluding exempt function income)

1	Dividends	1	
2	Taxable interest	2	762.
3	Gross rents	3	
4	Gross royalties	4	
5	Capital gain net income (attach Schedule D (Form 1120))	5	
6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
7	Other income (excluding exempt function income) (attach schedule)	7	
8	Gross income (excluding exempt function income). Add lines 1 through 7	8	762.

**Deductions** (directly connected to the production of gross income, excluding exempt function income)

9	Salaries and wages	9	
10	Repairs and maintenance	10	
11	Rents	11	
12	Taxes and licenses	12	
13	Interest	13	
14	Depreciation (attach Form 4562)	14	
15	Other deductions (attach schedule)	15	1,804.
16	Total deductions. Add lines 9 through 15	16	1,804.
17	Taxable income before specific deduction of \$100. Subtract line 16 from line 8	17	-1,042.
18	Specific deduction of \$100	18	\$100.00

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**Tax and Payments**

19	Taxable income. Subtract line 18 from line 17	19	0.
20	Enter 30% of line 19. (Timeshare associations, enter 32% of line 19.)	20	0.
21	Tax credits (see instructions)	21	
22	Total tax. Subtract line 21 from line 20. See instructions for recapture of certain credits	22	0.
23	Payments: a 2008 overpayment credited to 2009 <b>23a</b>		
	b 2009 estimated tax payments <b>23b</b>	c Total ▶ <b>23c</b>	
	d Tax deposited with Form 7004 <b>23d</b>		
	e Credit for tax paid on undistributed capital gains (attach Form 2439) <b>23e</b>		
	f Credit for Federal tax on fuels (attach Form 4136) <b>23f</b>		
	g Add lines 23c through 23f <b>23g</b>		
24	Amount owed. Subtract line 23g from line 22. (see instructions)	24	
25	Overpayment. Subtract line 22 from line 23g	25	
26	Enter amount of line 25 you want: Credited to 2010 estimated tax ▶ Refunded ▶	26	

Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **James W. Sullivan** Date **2-10-11**Title **President**May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ NoPaid  
Preparer's  
Use OnlyPreparer's  
signature

Date

10-28-10

Check if self-  
employed ☐

Preparer's SSN or PTIN

P00211910

Firm's name (or yours  
if self-employed),  
address, and ZIP code**Crosland Joiner Schortz CPAs  
4161 Tamiami Trail #501  
Port Charlotte, FL 33952**EIN **27-1085010**

Phone no.

**(941) 629-1197**

**Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns**

► **File a separate application for each return.**  
► **See separate instructions.**

OMB No. 1545-0233

Type or  
Print

Name

Identifying number

**South Bay at Boca Bay Homeowners'**

**65-0379171**

Number, street, and room or suite no. If P.O. box, see instructions.

**P.O. Box 1239**

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

**Boca Grande, FL 33921**

File by the due  
date for the  
return for which  
an extension is  
requested. See  
instructions

**Note. See instructions before completing this form.**

**Part I Automatic 5-Month Extension** Complete if Filing Form 1065, 1041, or 9904

1 a Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate)	04
Form 8804	31	Form 1041 (trust)	05

**Part II Automatic 6-Month Extension** Complete if Filing Other Forms

b Enter the form code for the return that this application is for (see below)

1 7

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-PC	21
Form 706-GS(T)	02	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8512	28
Form 1120-C	34	Form 8513	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36
Form 1120-ND (section 4951 taxes)	20		

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐

If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

**Part III All Filers Must Complete This Part**

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐

5a The application is for calendar year 20 09, or tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

b Short tax year. If this tax year is less than 12 months, check the reason:

☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

6 Tentative total tax 6 0.

7 Total payments and credits (see instructions) 7 0.

8 Balance due. Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions) 8 0.

South Bay at Boca Bay Homeowners'  
Association, Inc.  
65-0379171  
Form 1120H - For Year Ended 06/30/10

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Page 1, Line 15 - Other Deductions

Accounting	1,070.
Insurance	734.
	<u>1,804.</u>

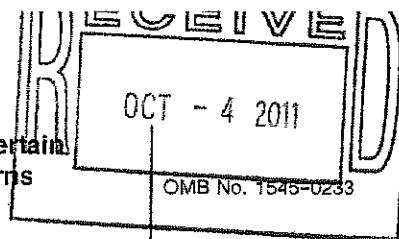
SEP 15 2011

Form 7004

(Rev. December 2008)  
Department of the Treasury  
Internal Revenue Service

Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns

- File a separate application for each return.  
► See separate instructions.



Type or  
Print

Name

Identifying number

South Bay at Boca Bay Homeowners'

65-0379171

Number, street, and room or suite no. If P.O. box, see instructions.

P.O. Box 1239

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).

Boca Grande, FL 33921

File by the due date for the return for which an extension is requested. See instructions

Note. See instructions before completing this form.

Part I Automatic 5-Month Extension Complete if Filing Form 1065, 1041, or 8804

1 a Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension Complete if Filing Other Forms

b Enter the form code for the return that this application is for (see below)

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-PC	21
Form 706-GS(I)	02	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-SF	26
Form 1066	11	Form 3520-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-E	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36
Form 1120-ND (section 4951 taxes)	20		

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐
- If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐

5a The application is for calendar year 20 10, or tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

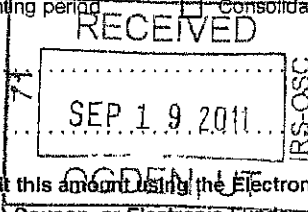
b Short tax year. If this tax year is less than 12 months, check the reason:

- ☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

6 Tentative total tax 0.

7 Total payments and credits (see instructions) 0.

8 Balance due. Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions) 0.



## Extension of Time to File

☐ We have approved your application for extension of time to file your return.

☒ We are sorry, but we have not approved your application for extension of time to file your tax return based on the reason checked below. If a return is filed and the tax is paid after the due date, the law requires us to charge penalties for late filing and late payment.

☒ Because your application was filed after the date your return was due, the extension is not allowable. Please file your return and pay any tax due as soon as possible to minimize interest and penalty charges.

☐ Form 4868 may only be used to request an extension of time to file your individual income tax return. We received your request after the date your return was due. If you need to request an extension to file in the future, please review the instructions for Form 7004, Application for Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns, to see if it can be used to request an extension for the type of business return you need to file.

☐ The correspondence we sent you requesting information to complete your extension application allowed 30 days for you to reply. Since your reply was not received within this period, the extension cannot be approved. Please file your return and pay any tax you may owe as soon as possible to minimize interest and penalty charges.

☐ We carefully reconsidered the reasons shown in your request, but find we cannot grant an extension on the basis of the reasons you gave. Since the due date for filing your return has passed and the 10-day grace period previously granted has expired, you should file your return without further delay. Because there is a penalty charge for late filing without reasonable cause, you should attach a statement to your return giving the reason for any such delay.

☐ Blanket request for extensions cannot be granted. Please complete a separate application for each taxpayer. You may obtain as many forms as you need by visiting the IRS Website at [www.irs.gov](http://www.irs.gov) or calling 1-800-829-3676.

☐ We have already granted the maximum extension allowed by law to a taxpayer within the United States (5 months for Forms 1041, 1065 and 8804 and 6 months for all other forms). Therefore, we cannot approve your request for an additional extension of time to file your return. Please file your return by the previously extended due date and pay any tax you might still owe as soon as possible to minimize interest and penalty charges.

☐ To obtain an automatic extension of time to file, corporations are required to file Form 7004, Application for Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns, and deposit the tax due as explained in the instructions on the form. Please complete the enclosed Form 7004 and return it to us within 10 days of receipt of this Form 6513.

☐ Because your application was not signed, the extension is not allowable. You should file your return within 10 days of receipt of this Form 6513 or by the previously extended due date (whichever is later) and pay any tax you may owe as soon as possible to minimize interest and penalty charges.

☐ We received your Form \_\_\_\_\_ requesting an extension of time to file for Form \_\_\_\_\_. However, to obtain an extension for this type of return, a Form \_\_\_\_\_ should be filed. Please complete the enclosed extension form and return it to us within 10 days of receipt of this Form 6513 or by the due date of the return (whichever is later) and pay any tax you might still owe to minimize interest and penalty charges.

☐ Other

Please attach this form to your return or the proper extension form. If you are unable to file your return and pay the tax within the prescribed period and believe you have reasonable cause for late filing and/or late payment, please attach an explanation to your return so we can determine whether you are excused from the penalties.

If you have any questions, you may call one of the following toll free numbers: 1-800-829-1040 for questions concerning extensions of time to file individual income tax returns and 1-800-829-4933 for questions concerning extensions of time to file business returns.