FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 28 PM 6:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **730686** **(3)**

1. Corporation Name

BOCA GRANDE ISLES PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% FLISCHEL & TOWNSEND, P.A. 900 E PINE ST. SUITE 126 ENGLEWOOD FL 34223 US	% FLISCHEL & TOWNSEND, P.A. 900 E PINE ST. SUITE 126 ENGLEWOOD FL 34223 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/16/1974**
3a. Date of Last Report: **03/10/1994**
4. FEI Number: **59-1628460** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

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

9. Name and Address of Current Registered Agent

ROBBINS, NATHANIEL
1629 JOSE GASPAR DR SOUTH
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 **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SUNDBERG, ALFRED R.	1.2 NAME	
STREET ADDRESS	P.O. BOX 1081 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ADAMSON, JEROME	2.2 NAME	
STREET ADDRESS	P.O. BOX 1196 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, NATHANIEL	3.2 NAME	
STREET ADDRESS	1629 JOSE GASPAR DR SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	3.4 CITY-ST-ZIP	
TITLE	PDS	4.1 TITLE	☐ Change ☐ Addition
NAME	EBERSTADT, RUDOLPH	4.2 NAME	
STREET ADDRESS	PO BOX 815 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KIMPTON, ANN H	5.2 NAME	
STREET ADDRESS	PO BOX 504 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	MCKEAN, FRANK	6.2 NAME	
STREET ADDRESS	PO BOX 1291 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank McKean 4/21/95 813-475-7937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Frank McKean

0062910