

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **746228** (6)
1. Corporation Name

BOCA GRANDE SHORES, INC.



Principal Place of Business: **500 GULF BLVD. P.O. BOX 1547 BOCA GRANDE FL 33921**
Mailing Address: **500 GULF BLVD. P.O. BOX 1547 BOCA GRANDE FL 33921**

3. Date Incorporated or Qualified: **03/13/1979**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: **26-1025297**
Applied For: Not Applicable:

Suite, Apt. #, etc.: 22
27

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: 23
28

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: 24
Country: 25
Zip: 29
Country: 30

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

**SPURGEON, MARK A
430 WE ST 4TH ST.
W. PALM BEACH FL 33992**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **BOCA GRANDE** FL 85 Zip Code: **33921**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<input type="checkbox"/> DELETE
NAME	ALLEN, RALPH	
STREET ADDRESS	1401 S. FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	MCKEEL, F. GRAHAM	
STREET ADDRESS	ONE TPA. CITY CTR. #3500	
CITY-ST-ZIP	TAMPA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ELIASON, JAMES D.	
STREET ADDRESS	505 HAVERHILL LANE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	SAFE, MIKE	
STREET ADDRESS	ZCIT KING, CAESAR ROAD	
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		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: Kenneth S. Safe Jr. Date: 5/11/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)