FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90037 018 ****61.25

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 746228

1. Corporation Name

BOCA GRANDE SHORES, INC.

Principal Place	e of Business	Mailing Address		-					
500 GULF BLVD. 500 GULF BLVD. P.O. BOX 1547 P.O. BOX 1547 BOCA GRANDE FL 33921 BOCA GRANDE FL 33921									
2. Principal Pi	lace of Business	2a. Mailing Address				3. Date Incorporated or Qu	alifed	<u></u>	
21		26				03/13/1979			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		-		4. FEI Number		 	olied For
22		27			-	65-0574615			Applicable
City & State	e	City & State				5. Certifcate of Status Desi	red 🗌	\$8.75 A Fee Red	
23	Country	Zip	Cour	ntrv		6. Election Campaign Finar		\$5.00	·
Zip	25	29 3	_	, <i>,</i>		Trust Fund Contribution	icing	Added to	
24	9. Name and Address of Curren		7			10. Name and Address of	New Registered	i Agent	
			1	81 Name					
SDI IDGEO	N MADK A		}	82 Street	Addres	s (P.O. Box Number is Not A	cceptable)		
SPURGEON, MARK A 430 WE ST 4TH ST.						(
BOCA GRANDE FL 33921				83					ľ
200,1 4.1				84 City	_		FI	85 Zip C	ode
11 Pursuant	to the provisions of Sections 617.050	2 and 617.1508. Florida Statutes	s. the at	ove-named	corpora	ation submits this statement f	or the numose o	of changing its	registered
office or r	to the provisions of Sections 617.030 registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was auti	поплеа	DV the corbi	oration'	s board of directors. I hereby	accept the appo	ointment as reg	jistered
agent. I a	m familiar with, and accept the obliga	lions of, Section 617.0303, Florid	a Statt	nes.					
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	Registered	Agent signature r	equired w	hen reinstating)	DATE		
12.		ND DIRECTORS	13.	_		ADDITIONS/CHANGES T	O OFFICERS A		
TITLE	PD	☐ DELETE	1.1 111	LE	V~	D		Change Change	Addition
NAME	ALLEN, RALPH		1.2 NA	WE					I
STREET ADDRESS	1401 S. FLORIDA AVE		12 CT	REET ADORESS					
CITY-ST-ZIP	LAKELAND FL		1,3 31	,,	ļ			•	
TITLE			1.4 CF	Y-ST-ZIP	_			Change	C Addition
) D	☐ DELETE		Y-ST-ZIP				· Change	Addition
NAME	D MCKEEL, F.GRAHAM	☐ DELETE	1.4 CF	ry-ST-ZIP LE			<u> </u>	· Change	☐ Addition
NAME STREET ADDRESS	MCKEEL, F.GRAHAM	☐ DELÉTE	1.4 CF 2.1 TIT 2.2 NA	ry-ST-ZIP LE				- Change	☐ Addition :
	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL		1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CF	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		~· ~·.		<u> </u>	
STREET ADDRESS	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL STD	☐ DELETE	1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CF 3.1 TIT	ry-st-zip LE ME REET ADDRESS TY-ST-ZIP		~. ~		Change	Addition
STREET ADDRESS	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL STD ELIASON, JAMES D.		1.4 CF 2.1 TIT 2.2 NA 2.3 ST 2.4 CF 3.1 TIT 3.2 NA	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME		~· ~·.		<u> </u>	
STREET ADDRESS CITY-ST-ZIP TITLE	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL STD ELIASON, JAMES D. 505 HAVERHILL LANE		1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADORESS		~· ~·.		<u> </u>	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL STD ELIASON, JAMES D. 505 HAVERHILL LANE SAFETY HARBOR FL	☐ DELETE	1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA 3.3 ST 3.4 CF	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADORESS TY-ST-ZIP		~·· ~··		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL STD ELIASON, JAMES D. 505 HAVERHILL LANE SAFETY HARBOR FL VD		1.4 CF 2.1 TH 2.2 NA 2.3 ST 2.4 CI 3.1 TH 3.2 NA 3.3 ST 3.4 CI 4.1 TH	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADORESS TY-ST-ZIP	PI	o		<u> </u>	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL STD ELIASON, JAMES D. 505 HAVERHILL LANE SAFETY HARBOR FL VD SAFE, MIKE	☐ DELETE	1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADORESS TY-ST-ZIP LE AME	P 1			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL STD ELIASON, JAMES D. 505 HAVERHILL LANE SAFETY HARBOR FL VD SAFE, MIKE 207 KING CAESAR ROAD	☐ DELETE	1.4 CP 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 N/ 4.3 ST	Y-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS	10	· ·		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL STD ELIASON, JAMES D. 505 HAVERHILL LANE SAFETY HARBOR FL VD SAFE, MIKE	☐ DELETE	1.4 CP 2.1 TP 2.2 NA 2.3 ST 2.4 CP 3.1 TP 3.2 NA 3.3 ST 3.4 CP 4.1 TP 4.2 NA 4.3 ST 4.4 CP	Y-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADORESS TY-ST-ZIP LE AME REET ADDRESS	P.I	3		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL STD ELIASON, JAMES D. 505 HAVERHILL LANE SAFETY HARBOR FL VD SAFE, MIKE 207 KING CAESAR ROAD	☐ DELETE	1.4 CP 2.1 TH 2.2 NA 2.3 ST 2.4 CD 3.1 TH 3.2 NA 3.3 ST 3.4 CD 4.1 TH 4.2 NA 4.3 ST 4.4 CP 5.1 TH	Y-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADORESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE	PI	O		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL STD ELIASON, JAMES D. 505 HAVERHILL LANE SAFETY HARBOR FL VD SAFE, MIKE 207 KING CAESAR ROAD BOCA GRANDE FL	☐ DELETE	1.4 CP 2.1 TP 2.2 NA 2.3 ST 2.4 CP 3.1 TP 3.2 NA 3.3 ST 3.4 CP 4.1 TP 4.2 NA 4.3 ST 4.4 CP 5.1 TP 5.2 NA	Y-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADORESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE	PI)	·	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL STD ELIASON, JAMES D. 505 HAVERHILL LANE SAFETY HARBOR FL VD SAFE, MIKE 207 KING CAESAR ROAD BOCA GRANDE FL	☐ DELETE	1.4 Cm 2.1 Tm 2.2 NA 2.3 ST 2.4 Cc 3.1 Tm 3.2 NA 3.3 ST 3.4 Cc 4.1 Tm 4.2 NA 4.3 ST 4.4 Cm 5.1 Tm 5.2 NA 5.3 ST	Y-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE REET ADDRESS RY-ST-ZIP LE REET ADDRESS RY-ST-ZIP LE REET ADDRESS RY-ST-ZIP LE REET ADDRESS RY-ST-ZIP REET ADDRESS	1 4	O		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL STD ELIASON, JAMES D. 505 HAVERHILL LANE SAFETY HARBOR FL VD SAFE, MIKE 207 KING CAESAR ROAD BOCA GRANDE FL	☐ DELETE	1.4 Cm 2.1 Tm 2.2 NA 2.3 ST 2.4 Cc 3.1 Tm 3.2 NA 3.3 ST 3.4 Cc 4.1 Tm 4.2 NA 4.3 ST 4.4 Cm 5.1 Tm 5.2 NA 5.3 ST 5.4 Cc 5.4 Cc	Y-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE MME REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP LE REET ADDRESS TY-ST-ZIP REET ADDRESS TY-ST-ZIP REET ADDRESS TY-ST-ZIP REET ADDRESS TY-ST-ZIP	1	0		☐ Change	Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS	MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA FL STD ELIASON, JAMES D. 505 HAVERHILL LANE SAFETY HARBOR FL VD SAFE, MIKE 207 KING CAESAR ROAD BOCA GRANDE FL	☐ DELETE	1.4 Cm 2.1 Tm 2.2 NA 2.3 ST 2.4 Cc 3.1 Tm 3.2 NA 3.3 ST 3.4 Cc 4.1 Tm 4.2 NA 4.3 ST 4.4 Cm 5.1 Tm 5.2 NA 5.3 ST	Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE AME REET ADDRESS TY-ST-ZIP LE LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE	10	O		☐ Change	Addition

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP