


FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90273 013 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 746228 1. Entity Name BOCA GRANDE SHORES, INC.	
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20046488



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
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04082005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent SPURGEON, MARK A 430 WE ST 4TH ST. BOCA GRANDE, FL 33921	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete ALLEN, RALPH 1401 S. FLORIDA AVE LAKELAND, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Oldland 440 Wadleigh Road N. Hatley, Quebec Canada J0B2C0
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MCKEEL, F.GRAHAM ONE TPA.CITY CTR.#3500 TAMPA, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MCGARTH, SUSAN 15 HAWTHORNE RD BARRINGTON, IL 60010	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete ANDERSEN, ROGER 1215 CENTER AVE MUSKEGON, MI 49445	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input checked="" type="checkbox"/> Delete SWERLING, LARRY 9121 MOUNTAIN RANCH RD CONIFER, CO 80433	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete HORNIG, DAVID #8 OVER HOLD PACS EDINA, MN 55439	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roger Andersen* **ROGER ANDERSEN, PRES** Date 4/22/05 Daytime Phone # 941-964-3093