



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90109 036 ****61.25

DOCUMENT # 746228					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03172006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 65-0574615	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPURGEON, MARK A 430 WE ST 4TH ST. BOCA GRANDE, FL 33921			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDLAND, JOHN		NAME		
STREET ADDRESS	440 WADLEIGH ROAD		STREET ADDRESS		
CITY-ST-ZIP	N. HATLEY, QUEBEC, CN J0b2c0		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEEL, F. GRAHAM		NAME		
STREET ADDRESS	ONE TPA.CITY CTR.#3500		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGARTH, SUSAN		NAME	Tom McGrath	
STREET ADDRESS	15 HAWTHORNE RD		STREET ADDRESS	15 Hawthorne Rd.	
CITY-ST-ZIP	BARRINGTON, IL 60010		CITY-ST-ZIP	Barrington, IL 60010	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, ROGER		NAME		
STREET ADDRESS	1215 CENTER AVE		STREET ADDRESS		
CITY-ST-ZIP	MUSKEGON, MI 49445		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNIG, DAVID		NAME		
STREET ADDRESS	#8 OVER HOLD PACS		STREET ADDRESS		
CITY-ST-ZIP	EDINA, MN 55439		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date: 3/16/06		Daytime Phone #	