

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5:57

DOCUMENT # **NO2318** (6)
1. Corporation Name
BOCA GRANDE NORTH CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
6020 BOCA GRANDE CSWY.
P.O. BOX 1043
BOCA GRANDE FL 33921-1043

3. Date Incorporated or Qualified **04/02/1984** 3a. Date of Last Report **05/31/1994**
4. FEI Number **57-0815327** Applied For
Not Applicable

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

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 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANDE ISLAND REAL ESTATE, INC.
6020 BOCA GRANDE CAUSEWAY
BOCA GRANDE FL 33921

NAME CHANGED TO:
81 Name **GRANDE ISLAND VACATIONS, INC.**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HALL, JOHN
STREET ADDRESS	BOCA GRANDE CAUSEWAY #30
CITY - ST - ZIP	BOCA GRANDE FL
TITLE	SD
NAME	LOSEE, STEVEN
STREET ADDRESS	BOCA GRANDE CAUSEWAY #43
CITY - ST - ZIP	BOCA GRANDE FL
TITLE	D
NAME	ST. JOHN, JOSEPH
STREET ADDRESS	5700 TRINITY PREP LANE
CITY - ST - ZIP	WINTER PARK FL
TITLE	DT
NAME	LUSK, GINA
STREET ADDRESS	9920 BANKSIDE DR
CITY - ST - ZIP	ROSWELL GA
TITLE	DV
NAME	FOSS, DONALD
STREET ADDRESS	RD 1 BOX 62
CITY - ST - ZIP	WESTBORO MA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donald C. Foss	
1.3 STREET ADDRESS	RD: 1, BOX 62	
1.4 CITY - ST - ZIP	Westford, VT 05494	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Treat	
3.3 STREET ADDRESS	2686 Parkridge Road	
3.4 CITY - ST - ZIP	Ann Arbor, MI 48103	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LUSK, GINA	
4.3 STREET ADDRESS	9920 Bankside Drive	
4.4 CITY - ST - ZIP	Roswell, GA 30076	
5.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Denis Liptak	
5.3 STREET ADDRESS	159 Ruggles Street	
5.4 CITY - ST - ZIP	Weathero, MA 01581	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	James LeRoy	
6.3 STREET ADDRESS	1011 Gravel Road	
6.4 CITY - ST - ZIP	Websted, NY 14580	

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 110.07(3)(b), 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 applicable, or on an attachment with an address.

SIGNATURE: *Steven L. Losee* **Steven L. Losee** March 29, 1995 813-964-2988