


**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02318 (6)**  
 1. Corporation Name  
**BOCA GRANDE NORTH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 6020 BOCA GRANDE CSWY. P.O. BOX 1043 BOCA GRANDE FL 33921-1043	Mailing Address 6020 BOCA GRANDE CSWY. P.O. BOX 1043 BOCA GRANDE FL 33921-1043
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3. Date Incorporated or Qualified <b>04/02/1984</b>	3a. Date of Last Report <b>04/03/1995</b>
4. FEI Number <b>57-0815327</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address <b>P.O. BOX 97</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**GRANDE ISLAND VACATIONS INC  
 6020 BOCA GRANDE CAUSEWAY  
 BOCA GRANDE FL 33921**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
85. Zip Code	

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 *Lisa A. Persons* **Lisa A Persons, General Manager 2-2-96**  
Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FOSS, DONALD C</b>	
STREET ADDRESS	<b>RD 1 BOX 62</b>	
CITY - ST - ZIP	<b>WESTFORD VT</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LOSEE, STEVEN</b>	
STREET ADDRESS	<b>BOCA GRANDE CAUSEWAY #43</b>	
CITY - ST - ZIP	<b>BOCA GRANDE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TREAT, JOHN</b>	
STREET ADDRESS	<b>2686 PARKRIDGE ROAD</b>	
CITY - ST - ZIP	<b>ANN ARBOR MI</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LUSK, GINA</b>	
STREET ADDRESS	<b>9920 BANKSIDE DRIVE</b>	
CITY - ST - ZIP	<b>ROSWELL GA</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>LIPTAK, DENIS</b>	
STREET ADDRESS	<b>159 RUGGLES STREET</b>	
CITY - ST - ZIP	<b>WESTBORO MA</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEROY, JAMES</b>	
STREET ADDRESS	<b>1011 GRAVEL ROAD</b>	
CITY - ST - ZIP	<b>WEBSTER NY</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Charles Trowbridge</b>	
1.3 STREET ADDRESS	<b>6020 Boca Grande Causeway Rd #30</b>	
1.4 CITY - ST - ZIP	<b>Boca Grande, FL 33921</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 preparer 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: *Steven & Losee* **2/2/96 941 964 2988**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)