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**Jan 31 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02318 (6)
1. Corporation Name
BOCA GRANDE NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**6020 BOCA GRANDE CSWY.
P.O. BOX 1043
BOCA GRANDE FL 33921-1043** **PO BOX 97
BOCA GRANDE FL 33921-0097
US**

3. Date Incorporated or Qualified **04/02/1984** 3a. Date of Last Report **02/19/1996**
4. FEI Number **57-0815327** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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
84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FOSS, DONALD C	
STREET ADDRESS	RD 1 BOX 62	
CITY-ST-ZIP	WESTFORD VT	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOSEE, STEVEN	
STREET ADDRESS	BOCA GRANDE CAUSEWAY #43	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TROWBRIDGE, CHARLES	
STREET ADDRESS	6020 BOCA GRANDE CAUSEWAY RD, #30	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUSK, GINA	
STREET ADDRESS	9920 BANKSIDE DRIVE	
CITY-ST-ZIP	ROSWELL GA	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	LIPTAK, DENIS	
STREET ADDRESS	159 RUGGLES STREET	
CITY-ST-ZIP	WESTBORO MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Trowbridge, Charles	
1.3 STREET ADDRESS	6020 Boca Grande Causeway Rd. #30	
1.4 CITY-ST-ZIP	Boca Grande, FL 33921	
2.1 TITLE	VD D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Miles, Robert	
2.3 STREET ADDRESS	5 Fletcher Road	
2.4 CITY-ST-ZIP	Lynnfield, MA 01940	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Liptak, Denis	
3.3 STREET ADDRESS	8131 Arbor Drive	
3.4 CITY-ST-ZIP	Shrewsbury, MA 01545	
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 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.

SIGNATURE: *Steven L. Losee* Steven L. Losee 1/17/97 941-964-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066971

CR2E037 (9/96)