


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

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|   |   |
|---|---|
| Principal Place of Business<br>6020 BOCA GRANDE CSWY.<br>P.O. BOX 1043<br>BOCA GRANDE FL 33921-1043 | Mailing Address<br>PO BOX 97<br>BOCA GRANDE FL 33921-1043<br>US |
|---|---|

3. Date Incorporated or Qualified  
**04/02/1984**

4. FEI Number  
**57-0815327**

|             |                |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

|                                      |                           |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
|--------------------------------------|---------------------------|

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

|                           |                           |
|---------------------------|---------------------------|
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
|---------------------------|---------------------------|

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

|                    |                    |
|--------------------|--------------------|
| City & State<br>23 | City & State<br>28 |
|--------------------|--------------------|

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

|           |               |           |               |
|-----------|---------------|-----------|---------------|
| Zip<br>24 | Country<br>25 | Zip<br>29 | Country<br>30 |
|-----------|---------------|-----------|---------------|

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>TROWBRIDGE, CHARLES<br>6020 BOCA GRANDE CAUSEWAY - ROAD 30<br>BOCA GRANDE FL<br><input type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>LOSEE, STEVEN<br>BOCA GRANDE CAUSEWAY #43<br>BOCA GRANDE FL<br><input type="checkbox"/> DELETE                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>LIPTAK, DENIS<br>8131 ARBOR DRIVE<br>SHREWSBERRY MA<br><input type="checkbox"/> DELETE                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LUSK, GINA<br>9920 BANKSIDE DRIVE<br>ROSWELL GA<br><input checked="" type="checkbox"/> DELETE                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MILES, ROBERT<br>5 FLETCHER ROAD<br>LYNNFIELD MA<br><input checked="" type="checkbox"/> DELETE                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> DELETE   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |   |
|--|---|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | VO<br>Miles, Robert<br>5 Fletcher Road<br>Lynnfield, MA 01940<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | D<br>Ferguson, Jean<br>105 Newton St<br>Weston, MA 02193<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

14. 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 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: Charles Trowbridge NATURE REQUIRED President 1/21/98 941-964-2080

CR2E037 (10/97)