1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # NO2318

Corporation											
BOCA G	RANDE NORTH CONDO	vinium associ	ation, inc.								
										*	
Principal Place of Business Mailing Address											
•		PO BOX 97					1 (BATION) ON ARMO (1968 1991) SIG	EL IBIK BIBLI BIBI	3 4 1 1 1 1 1 1 1 1 1		
6020 BOCA GRANDE CSWY. PO BOX 97 P.O. BOX 1043 BOCA GRANDE FL 33921-1043											
BOCA GRANDE FL 33921-1043 US						i idikilis ii ii edila iliaan siidi şid	EN ION THEM ON	il Biait afait aldi	I EIDII IBBI		
		10 11 11					Date Incorporated or Qualifed				
2. Principal Pl	lace of Business	2a. Mailing A	acress				04/02/1984				
21		26 Suite, Apt	# 010				4. FEI Number		Apr	lied For	
Suite, Apt.	#, etc.	— <u> </u>	. #, etc.				57-0815327		<u> </u>	Applicable	
22		27 City & Sta					31 00 15021		\$8.75 A		
City & State	e	├ ─┐	ite			!	Certificate of Status Desired		Fee Rec		
Zip	Country	28 Zip		Country			6. Election Campaign Financing		\$5.00	May Bo	
—	25	29	30	000,			Trust Fund Contribution		Added to	- 1	
24	9. Name and Address of Cur			$\neg \neg$		1	0. Name and Address of New	Registered /	Agent		
	- Hame and Addition of the			81	Name						
GRANDE ISLAND VACATIONS INC. 82					04	A	(D.O. Day Number in Not Assent	oblo)			
GRANDE ISLAND VACATIONS INC					Street	Address	(P.O. Box Number is Not Accept	able)			
6020 BOCA GRANDE CAUSEWAY								•			
BOCA GRANDE FL 33921									· 		
•				84	′			FL	85 Zip C	1	
11. Pursuant	to the provisions of Sections 617.0 egistered agent, or both, in the Sta	0502 and 617.1508, F	lorida Statutes, tl	ne abov	e-named	corporat	tion submits this statement for the	purpose of	changing its r	registered -	
office or re	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such ch	ange was author 17.0503. Florida :	rized by Statutes	the corpo	oration's	board of directors. I hereby acce	pt the appoir	ıtment as reg	istered	
	III lanimai with, and accept the ob-	inguliona of, coolier o								,	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature require											
12.	OFFICERS	AND DIRECTORS		13.		- 40	ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	VD] DELETE	1.1 TITLE		PD	Lilas chacles		Change	Addition	
NAME	MILES, ROBERT 12N					lrou	ubridge, Charles akonnet Point Rd				
STREET ADDRESS	5 FLETCHER ROAD 1.3 S				TADDRESS	2030	around 1				
CITY-ST-ZIP	CITATA IEEE TOTAL				IT-ZIP		Compton, RI 02837	<u> </u>			
TITLE	SD DELETE 2.11					Flah	erty Joyn Street	4	Change	Addition	
NAME	LOSEE, STEVEN 22N				j	19707	inport, IA 52807				
STREET ADDRESS	BOCA GRANDE CAUSEWAY #43				TADDRESS	Dave	wholl '-1 2 900 1				
CITY-ST-ZIP	BOCA GRANDE FL			2. 4 CITY-	ST-ZIP				E3.01	T A JEC.	
TITLE	TD	>	DELETE	3.1 TITLE		}			Change	☐ Addition	
NAME	LIPTAK, DENIS	,		3.2 NAME						1	
STREET ADDRESS	8131 ARBOR DRIVE			3.3 STREE	T ADDRESS	1				Ì	
CITY-ST-ZIP	SHREEWSBERRY MA			3.4. CITY-	ST-ZIP	<u> </u>			\-\A_1		
TITLE	D] DELETE	4.1 TITLE		70	Tens		Change	☐ Addition	
NAME	FERGUSON, JEAN			4. 2 NAME		1-2/9	vson, Jean Newton street	•	~		
STREET ADDRESS	105 NEWTON ST			43 STREE	T ADDRESS	102 4	Wem low a luce!			Ì	

6.4 CITY-ST-ZIP CITY-ST-ZIP 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, with all other like empowered.

4.4 CiTY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

WESTON MA 02193

DELETE

DELETE

Weston, MA 02493

Change

Change

Addition

☐ Addition

FILED

03-02-1999 90071 009 ****61.25

Mar 02, 1999 8:00 am § Secretary of State