

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90053 011 \*\*\*\*61.25

**DOCUMENT # N02318**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**57-0815327**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD**  Delete  
 NAME: **MILES, ROBERT**  
 STREET ADDRESS: **5 FLETCHER ROAD**  
 CITY-ST-ZIP: **LYNNFIELD MA 01940**

TITLE: **Director**  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **SD**  Delete  
 NAME: **LOSEE, STEVEN**  
 STREET ADDRESS: **BOCA GRANDE CAUSEWAY #43**  
 CITY-ST-ZIP: **BOCA GRANDE FL**

TITLE: \_\_\_\_\_  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **TD**  Delete  
 NAME: **FERGUSON, JEAN**  
 STREET ADDRESS: **105 NEWTON ST**  
 CITY-ST-ZIP: **WESTON MA 02193**

TITLE: **President / Director**  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **PD**  Delete  
 NAME: **TROWBRIDGE, CHARLES**  
 STREET ADDRESS: **20 SAKONNET POINT RD.**  
 CITY-ST-ZIP: **LITTLE CAMPTON RI 02837**

TITLE: **Vice President / Director**  Change  Addition  
 NAME: **Lusk, Jerry**  
 STREET ADDRESS: **9920 Bankside Drive**  
 CITY-ST-ZIP: **Roswell, GA 30076**

TITLE: **TD**  Delete  
 NAME: **FLAHERTY, JOY**  
 STREET ADDRESS: **2505 E. 40TH ST.**  
 CITY-ST-ZIP: **DAVENPORT IA 52807**

TITLE: **Director**  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: **Treasurer**  Change  Addition  
 NAME: **Kramer, Yale**  
 STREET ADDRESS: **2004 80th Street**  
 CITY-ST-ZIP: **Des Moines, IA 52807**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*JOAN DILLIEN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00  
 Date

941-964-2008  
 Daytime Phone #