

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90138 025 ****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 33921-1043
 US

907025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
D	MILES, ROBERT	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS	5 FLETCHER ROAD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	LYNNFIELD MA 01940		
SD	LOSEE, STEVEN	<input type="checkbox"/> Delete	
STREET ADDRESS	BOCA GRANDE CAUSEWAY #43	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	BOCA GRANDE FL		
PD	FERGUSON, JEAN	<input type="checkbox"/> Delete	
STREET ADDRESS	105 NEWTON ST	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	WESTON MA 02193		
VPD	LUSK, JERRY	<input type="checkbox"/> Delete	
STREET ADDRESS	9920 BANKRIDE DR6	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	ROSWELL GA 30076		
D	FLAHERTY, JOY	<input type="checkbox"/> Delete	
STREET ADDRESS	2505 E. 40TH ST.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CITY-ST-ZIP	DAVENPORT IA 52807		
T	KRAMOR, YALE	<input type="checkbox"/> Delete	
STREET ADDRESS	2004 80TH ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
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: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01 904-964-2080

CR2E037 (10/00)