


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90046 018 ****61.25

DOCUMENT # N02318					
1. Entity Name BOCA GRANDE NORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6020 BOCA GRANDE CSWY. P.O. BOX 1043 BOCA GRANDE, FL 33921-1043			Mailing Address PO BOX 97 BOCA GRANDE, FL 33921-1043 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-0815327	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOSEE, STEVEN		NAME		
STREET ADDRESS	BOCA GRANDE CAUSEWAY #43		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERGUSON, JEAN		NAME		
STREET ADDRESS	105 NEWTON ST		STREET ADDRESS		
CITY-ST-ZIP	WESTON, MA 02183		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUSK, JERRY		NAME		
STREET ADDRESS	9920 BANKRIDE DR6		STREET ADDRESS		
CITY-ST-ZIP	ROSWELL, GA 30076		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLAHERTY, JOY		NAME		
STREET ADDRESS	2505 E. 40TH ST.		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, IA 52807		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAMOR, YALE		NAME		
STREET ADDRESS	2004 80TH ST		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 52807		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Steven Losee</i>		Date: <i>20 Jan 04</i>		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>					