FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

BOCA GRANDE NORTH MARINA CONDOMINIUM ASSOCIATION

Principal Place of Business 8020 BOCA GRANDE CAUSEWAY P.O. BOX 1043 Malling Address

P.O. BOX 1043 BOCA GRANDE FL 33921

FILED Mar 03 1998 8:00am Secretary of State

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3. Date Incorporated or Qualified

BOCA GRANDE	FL 33921	US		11/13/1986		
		••		4. FEI Number	Applied For	
				65-0063032	Not Applicable	
2. Principal P	lace of Business	2a. Mailing Address			\$8.75 Additional	
21		26		5. Certificate of Status Desired	Fee Required	
Suite, Apt.	# oto	Suite, Apt. #, etc.				
	W, BIC.	—		6. Election Campaign Financing	\$5.00 May Be	
22		27		Trust Fund Contribution	Added to Fees	
City & State	е	City & State		7. is this nonprofit corporation whomeowners	s association?	
23		28		XQ Yes] No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	ent veer Internible	
24	25	├ `	-	· _ · ·	Yes No	
27	9. Name and Address of Current		<u>Ul</u>			
	S. Hame and Address of Curren	r vedistered våent		10. Name and Address of New Registered A	rgent	
			81 Name	Grande Island Vacations, Inc		
GRANDE ISLAND REAL ESTATE INC				Address (P.Q. Box Number is Not Acceptable)	<u> </u>	
6020 BOCA GRANDE CAUSE			82 Street	6020 Rom Grande Caurway		
			83	DOOD BUILD CHOKWAY		
BOCA GRANDE FL 33921						
			84 City		85 Zip Code	
			1 7 6	ora Grando FL	77 77 78	
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 appointment of the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a ccept the appointment as reg						
SIGNATURE NEXT DEVELOP MONOR						
	Signature, typied or printed name of registered ager		Registered Agent eignatur	required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	D ,	Change	
NAME	GEORGEADES, JAMES		1.2 NAME	Georgeades, James		
		•	1	423 South Paula Dr. # 303	i	
STREET ADDRESS	423 SOUTH PAULA DR., #303	3	1.3 STREET ADDRESS	1 1 d		
CITY-ST-ZIP	DUNEDIN FL		1.4 City-St-ZiP	Dunedin, TL		
TITLE	VD	DELETE	2.1 TITLE	CONCRETE PD	☐ Change ☑ Addition	
NAME	MCCHESNEY, PETER	/	2.2 NAME	miles, Robert	1	
				stletcher Road		
STREET ADDRESS	P. O. BOX 876 N/A		2.3 STREET ADDRESS	7 tie level vono		
CITY-ST-ZIP	ITHACA NY		2.4 CITY-ST-ZIP	Lynnfield, MA 01940		
TITLE	TD	☐ DELETE	3.1 TITLE	SD	Change	
NAME	LUSK, GINA		3.2 NAME		' '	
STREET ADDRESS	9920 BANKSIDE DR.		3.3 STREET ADDRESS	Lus Ki Gina 9920 Bankside Dr.		
CITY-ST-ZIP	ROSWELL GA		3.4. CITY-ST-ZIP	Roswell, 6A		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☑ Addition	
NAME			4. 2 NAME	mcbaughy, Jack		
STREET ADDRESS			4.3 STREET ADDRESS	4810 MCFIROY AND		
				Tampa, FL 33611		
City-St-ZiP	ļ	Delete	4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE	VPO	☐ Change ☑ Addition	
NAME			5.2 NAME	Haggard, Robert		
STREET ADDRESS			5.3 STREET ADDRESS	6522 Solitaire Palm Way		
· ·				Apollo Beach, Ft 37572		
CITY-ST-ZIP		□ beiere	5.4 CITY-ST-ZIP		D 05	
TITLE		☐ DELETE	6.1 TITLE	-	☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	partity that the information supplied with	th this filling close not evially for t	6.4 CITY-ST-ZIP	d in Continu 110 07/31/i) Florida Statutos I further and	different the information	

Training yearny that the information supplied with this litting does not quality 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.