


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90216 031 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N17745 1. Corporation Name BOCA GRANDE NORTH MARINA CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 6020 BOCA GRANDE CAUSEWAY P.O. BOX 1043 BOCA GRANDE FL 33921	Mailing Address P.O. BOX 1043 BOCA GRANDE FL 33921 US	

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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/13/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0063032
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent GRANDE ISLAND REAL ESTATE INC 6020 BOCA GRANDE CAUSE BOCA GRANDE FL 33921	10. Name and Address of New Registered Agent 81 Name Grande Island Vacations, Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 6020 Boca Grande Causeway 83 84 City Boca Grande FL 85 Zip Code 33921
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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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* Scott A. Peterson DATE 3/10/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME Lusk, Jerry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GEORGEADES, JAMES	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP 9920 Bankside Dr. Roswell, GA 30076	
STREET ADDRESS 423 SOUTH PAULA DR., #303	2.1 TITLE	2.2 NAME Sillette, Darrell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP DUNEDIN FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP P.O. Box 10833 Chicago, IL 60610	
TITLE PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME Compton, John	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MILES, ROBERT	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP Cedar River, MI 49813	
STREET ADDRESS 5 FLETCHER RD	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP LYNNFIELD MA 01940	4.2 NAME		
TITLE SD <input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS		
NAME LUSK, GINA	4.4 CITY-ST-ZIP		
STREET ADDRESS 9920 BANKSIDE DR.	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP ROSWELL GA	5.2 NAME		
TITLE TD <input checked="" type="checkbox"/> DELETE	5.3 STREET ADDRESS		
NAME MCGAUGHY, JACK	5.4 CITY-ST-ZIP		
STREET ADDRESS 4810 MCELROY AVE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP TAMPA FL 33611	6.2 NAME		
TITLE VPD <input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
NAME HAGGARD, ROBERT	6.4 CITY-ST-ZIP		
STREET ADDRESS 6522 SELITAIRE PALM WAY			
CITY-ST-ZIP APOLLO BEACH FL 33572			
TITLE <input type="checkbox"/> DELETE			
NAME			
STREET ADDRESS			
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.

SIGNATURE: *[Signature]* DATE 3/11/99 DAYTIME PHONE 941-964-0696

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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