

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17745

1. Entity Name

BOCA GRANDE NORTH MARINA CONDOMINIUM ASSOCIATION

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90050 006 ****61.25

Principal Place of Business

Mailing Address

6020 BOCA GRANDE CAUSEWAY
 P.O. BOX 1043
 BOCA GRANDE FL 33921

P.O. BOX 1043
 BOCA GRANDE FL 33921-1043
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0063032

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required.



DO NOT WRITE IN THIS SPACE

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	D	<input checked="" type="checkbox"/> Delete
NAME	GEORGEADES, JAMES	
STREET ADDRESS	423 SOUTH PAULA DR., #303	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUSK, JERRY	
STREET ADDRESS	9920 BORKRIDE DR	
CITY-ST-ZIP	ROSWELL GA 30076	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GILLETTE, DARRELL	
STREET ADDRESS	P.O. BOX 10833	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COMPTON, JOHN	
STREET ADDRESS	N6928 - M350	
CITY-ST-ZIP	CEDAR RIVER MI 49813	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HAGGARD, ROBERT	
STREET ADDRESS	6522 SELTAIRE PALM WAY	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jack McLaughy	
STREET ADDRESS	4810 McElroy Ave	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE	Treasurer / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Norman	
STREET ADDRESS	P.O. Box 6688	
CITY-ST-ZIP	Cateland, FL 33804	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Anton	
STREET ADDRESS	11771 Lockley Court	
CITY-ST-ZIP	Cincinnati, OH 45215	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: SIGNATURE OF JERRY E. LUSK 3/10/2000 941-964-0696
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)