2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17745

1. Entity Name

BOCA GRANDE NORTH MARINA CONDOMINIUM ASSOCIATION

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90113 015 ****61.25

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BOCA GRANDE FL 33821 2. Phrolipal Place of Business 3. Making Address Surte, Apt. #, etc. Check Here if Making Address Surte, Apt. #, etc. Check Here if Making Address Surte, Apt. #, etc. Check Here if Making Change	Principal Pla	ce of Business	Mailing	Address	, I <u>.</u>		1				
Surfo, Apt. #, etc. Check HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0063032 Applitude 52	O. BOX 104	3	BOCA G	P.O. BOX 1043 BOCA GRANDE FL 33921					.	Hali bigit ibah	
City & State Country Country So Country Country So Country Country So	Principal Place of Business 3. Mailing Address					 .					
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Second S	City & Sta	ite	y & State			4. FEI Number 65-0063032 Applied For					
CRANDE ISLAND VACATIONS, INC. 6020 BOCA GRANDE CAUSEWAY BOCA GRANDE FL 33921 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida. I am familiar with, and the obligations of registered agent. or both, in the State of Florida agent. I The Diagram the obligations of registered agent. or both, in the State of Florida agent. I The Diagr	Zip Country			Zip Co		puntry				ot Applicabl	
GRANDE ISLAND VACATIONS, INC. 8020 BOCA GRANDE CAUSEWAY BOCA GRANDE FL 33921 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and repaired agent		6. Name and Address of Current	t Realstered	Agent	.=	ವರ್ಷಕರ್ ಷ	}		Fee Requir	ed	
BOZO BOCA GRANDE CAUSEWAY BOCA GRANDE FL 33921 City FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code City City FL Zip Code City City City FL Zip Code City City City City FL Zip Code City								areas or them ringing	Teo Agent		
City FL Zip Code City FL Zip Code City FL	6020 BOCA GRANDE CAUSEWAY					Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entry 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 the obligations of registered agent. SIGNATURE Signature, typoed or printed name of registered agent and site if applicable. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. DEED TO DETECT OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. AND OFFICERS AN	BUCA G	HANDE FL 33921			City		·		⊏ ∎	de	
THE ODIGITIONS OF registered agent. SIGNATURE Signature, broad or primed narmo of registered agent and life if applicable. (NOTE Registered Agent signature required when rentationg) DATE									r L		
O. OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 III.E MAME MEET ADDRESS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 III.E MAME STREET ADDRESS CITY-ST-ZIP NORMAN, LARRY PO BOX 6688 LAKELAND FL-33804 III.E NAME NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL-33804 III.E NAME NAME STREET ADDRESS CITY-ST-ZIP CINCINNATI OH 45215 CITY-ST-ZIP III.E COMPTON, JOHN NEET ADDRESS CITY-ST-ZIP COMPTON, JOHN NEET ADDRESS CITY-ST-ZIP COMPTON, JOHN NEET ADDRESS CITY-ST-ZIP CEDAR RIVER MI 49813 CITY-ST-ZIP CEDAR RIVER MI 49813 CITY-ST-ZIP CHANGE ME ROSWELL GA 30076 CITY-ST-ZIP CHANGE COMPTON COMPT	<u>Se</u>	Signature, typed or printed name of registered agent	t and title if applic	9. Election Cam	palgn Financing		\$5.00 May Be	Make CI	neck Payable	State	
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TILE D Delete TITLE NAME ANTON, ED STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TITY-ST-ZIP CINCINNATI OH 45215 TITLE SD Delete TITLE NAME COMPTON, JOHN REET ADDRESS N6928 - M350 CITY-ST-ZIP CEDAR RIVER MI 49813 TILE PD Delete TITLE NAME LUSK, JERRY Delete TITLE NAME LUSK, JERRY STREET ADDRESS TREET ADDRESS TR	AME Treet address	NORMAN, LARRY PO BOX 6688		Delete	NAME STREET ADDRESS				Change	Addition	
TREET ADDRESS 11771 LOCKSLEY CT	TLE	D		Delete	TITLE	VIO			Change	☐ Addition	
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Y-ST-ZIP CITY-ST-ZIP	LE ME REET ADDRESS	TOTTILE VIT GOOT O		Delete	TITLE NAME STREET ADDRESS				☐ Change	Addition	

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: