


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90030 014 \*\*\*\*61.25

<b>DOCUMENT # N19463</b> 1. Entity Name <b>SEAWATCH OF BOCA GRANDE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>PO BOX 36</b> <b>BOCA GRANDE, FL 33921 US</b>				Mailing Address <b>P O BOX 36</b> <b>BOCA GRANDE, FL 33921 US</b>	
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 <b>65-0055190</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THOMPSON, ROSS</b> <b>16350 GULF SHORES DRIVE</b> <b>BOCA GRANDE, FL 33921</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><i>George J. Castucci</i></u> <b>TREASURER</b> <span style="float: right;"><u>1/6/2005</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOEHR, JAMES</b>			NAME	
STREET ADDRESS	<b>7 WEEBATOOK</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI, OH 45208</b>			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TILLEYUDR, GEORGE</b>			NAME	
STREET ADDRESS	<b>31 MARVELLE ROAD</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>FAYETTEVILLE, NY 13066</b>			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTRUCCI, GEORGE</b>			NAME	
STREET ADDRESS	<b>P.O. BOX 1669</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA GRANDE, FL 33921</b>			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, ROSS</b>			NAME	
STREET ADDRESS	<b>P.O. BOX 1975</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA GRANDE, FL 33921</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUNSELL, WILLIAM</b>			NAME	
STREET ADDRESS	<b>3155 PINNEY WOODS COURT S.E.</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>CEDAR RAPIDS, IA</b>			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEAD, JOE</b>			NAME	
STREET ADDRESS	<b>8855 CAMAGRO CLUB DRIVE</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>CINCINNATI, OH 45243</b>			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.					
<b>SIGNATURE:</b> <u><i>George J. Castucci</i></u> <span style="float: right;"><u>1/6/05</u></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					