


Amended 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N19463 1. Entity Name SEAWATCH OF BOCA GRANDE HOMEOWNERS ASSOCIATION, INC.						FILED 06 MAY 16 AM 11:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business PO BOX 36 BOCA GRANDE, FL 33921 US				Mailing Address P O BOX 36 BOCA GRANDE, FL 33921 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent THOMPSON, ROSS 16350 GULF SHORES DRIVE BOCA GRANDE, FL 33921				7. Name and Address of New Registered Agent Name GEORGE E. CASTRUCCI Street Address (P.O. Box Number is Not Acceptable) 16350 GULF SHORES DR. City SEAWATCH #13 BOCA GRANDE, FL 33921			
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 E. Castucci</i></u> TREASURER 3/31/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D NAME STOEHR, JAMES STREET ADDRESS 7 WEEBATOOK CITY-ST-ZIP CINCINNATI, OH 45208	<input checked="" type="checkbox"/> Delete			TITLE D NAME DUNAWAY, TERRY STREET ADDRESS 29 PORTLAND DR. CITY-ST-ZIP ST. LOUIS, MO 63131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE S NAME TILLEYUDR, GEORGE STREET ADDRESS 31 MARVELLE ROAD CITY-ST-ZIP FAYETTEVILLE, NY 13066	<input type="checkbox"/> Delete			TITLE D NAME HODALE, JOHN STREET ADDRESS 5225 WYFARM RD. CITY-ST-ZIP CINCINNATI, OH 45243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE T NAME CASTRUCCI, GEORGE STREET ADDRESS P.O. BOX 1669 CITY-ST-ZIP BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete			TITLE D NAME HUMKE, RAMON STREET ADDRESS 7624 W. PENN. AVE. CITY-ST-ZIP INDIANAPOLIS, IN 46256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VP NAME THOMPSON, ROSS STREET ADDRESS P.O. BOX 1975 CITY-ST-ZIP BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete			TITLE D NAME BRYANT, HENRY STREET ADDRESS 72 BUNTHROP CT. CITY-ST-ZIP RIVERSIDE, CT 06878	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE D NAME MUNSELL, WILLIAM STREET ADDRESS 3155 PINNEY WOODS COURT S.E. CITY-ST-ZIP CEDAR RAPIDS, IA	<input type="checkbox"/> Delete			7000755537 P 05/31/06--01023--016 **61.25			
TITLE D NAME HEAD, JOE STREET ADDRESS 8855 CAMAGRO CLUB DRIVE CITY-ST-ZIP CINCINNATI, OH 45243	<input type="checkbox"/> Delete			13 5/25/06			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>George E. Castucci</i></u> TREASURER 3/31/2006 741-964-0927 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							