

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746228

**Entity Name:** BOCA GRANDE SHORES, INC.

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC8566026820**

**Current Principal Place of Business:**

C/O VESTA PROPERTY SERVICES  
1354 MANASOTA BEACH ROAD  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

C/O VESTA PROPERTY SERVICES  
P O BOX 1848  
FORT MYERS, FL 33902 US

**FEI Number: 65-0574615**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VESTA PROPERTY SERVICES  
125 SW 3RD PLACE  
STE #207  
CAPE CORAL, FL 33991 US

*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: BRANDY DAVENPORT**

**04/18/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCGRATH, TOM  
Address        C/O VESTA PROPERTY SERVICES  
                  1354 MANASOTA BEACH ROAD  
City-State-Zip: ENGLEWOOD FL 34223

Title            VP  
Name            THOMPSON, PAUL  
Address        C/O VESTA PROPERTY SERVICES  
                  1354 MANASOTA BEACH ROAD  
City-State-Zip: ENGLEWOOD FL 34223

Title            SECRETARY, TREASURER  
Name            OLDLAND, JOHN  
Address        C/O VESTA PROPERTY SERVICES  
                  1354 MANASOTA BEACH ROAD  
City-State-Zip: ENGLEWOOD FL 34223

Title            DIRECTOR  
Name            FETZER, PETER  
Address        C/O VESTA PROPERTY SERVICES  
                  1354 MANASOTA BEACH ROAD  
City-State-Zip: ENGLEWOOD FL 34223

Title            DIRECTOR  
Name            TEICHMANN, BERND  
Address        C/O VESTA PROPERTY SERVICES  
                  1354 MANASOTA BEACH ROAD  
City-State-Zip: ENGLEWOOD FL 34223

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: TOM MCGRATH**

**PRESIDENT**

**04/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date