

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

DOCUMENT# N95000002320

**Entity Name:** THE BOCA GRANDE HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

170 PARK AVE  
BOCA GRANDE, FL 33921

**Current Mailing Address:**

P. O. BOX 553  
BOCA GRANDE, FL 33921

**FEI Number:** 65-0585091

**Certificate of Status Desired:** No

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

KYLE, KIMBERLY S  
170 PARK AVENUE  
PO BOX 553  
BOCA GRANDE, FL 33921-0553 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:** KIMBERLY S. KYLE

01/11/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name MCFADDEN, MARTY  
Address 816 SOUTH HARBOR DR.  
P.O. BOX 2001  
City-State-Zip: BOCA GRANDE FL 33921

Title PD, PRESIDENT  
Name GRACE, KAREN  
Address 5852 GASPARILLA RD.  
PO BOX 711  
City-State-Zip: BOCA GRANDE FL 33921

Title SECRETARY  
Name LYONS, NANCY  
Address 9831 NW GASPARILLA PASS BLVD.  
PO BOX 2041  
City-State-Zip: BOCA GRANDE FL 33921

Title ED  
Name KYLE, KIM  
Address 9650 FIDDLERS GREEN CIR. U-114  
City-State-Zip: ROTONDA WEST FL 33947

Title VD  
Name LOWE, PATRICIA  
Address 1711 PELICAN COVE RD.  
GL 444  
City-State-Zip: SARASOTA FL 34231

*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:** KIM KYLE

**EXECUTIVE DIRECTOR**

01/11/2018

Electronic Signature of Signing Officer/Director Detail

Date