

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711653

FILED
Jan 08, 2007
Secretary of State

Entity Name: BOCA GRANDE YACHT CLUB, INC.

Current Principal Place of Business:

257 WATERWAYS AVENUE
BOCA GRANDE, FL 33921

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1769
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SIEGLAFF, PETER M
257 WATERWAYS AVENUE
BOCA GRANDE, FL 33921 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOYT, ELTON III
Address: 799 7TH ST, BOX 681
City-St-Zip: BOCA GRANDE, FL 33921

Title: DV () Delete
Name: WRIGHT, HENRY L
Address: 141 DAMFICARE ST, BOX 1068
City-St-Zip: BOCA GRANDE, FL 33921

Title: DT () Delete
Name: NIELSEN, RICHARD A
Address: 1764 JOSE GASPARD DR, BOX 1111
City-St-Zip: BOCA GRANDE, FL 33921

Title: DS () Delete
Name: SIEGLAFF, PETER M
Address: 257 WATERWAYS AVE, BOX 1769
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER M. SIEGLAFF

DS

01/08/2007

Electronic Signature of Signing Officer or Director

Date