

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90327 050 ****61.25

DOCUMENT # 715752 1. Entity Name BOCA GRANDE BEACH CLUB ASSOCIATION, INC.			
Principal Place of Business GULF DRIVE BOCA GRANDE GASPARILLA ISLAND, FL 33921 US		Mailing Address 153 CENTER ROAD VENICE, FL 34285 US	
2. Principal Place of Business 181 CENTER ROAD Suite, Apt. #, etc.		3. Mailing Address 181 Center Rd Suite, Apt. #, etc.	
City & State VENICE FL		City & State Venice FL	
Zip 34285		Zip 34285	
Country US		Country US	
4. FEI Number 59-2271634		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARGUS PROPERTY MGMT 153 CENTER ROAD VENICE, FL 34285		7. Name and Address of New Registered Agent Name ARGUS MANAGEMENT OF VENICE, INC. Street Address (P.O. Box Number is Not Acceptable) 181 CENTER ROAD City VENICE FL Zip Code 34285	
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 [Signature] DIRECTOR <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/5/06	
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 NAME STREET ADDRESS CITY-ST-ZIP	STD BEAUMONT, DINA 9720 OWEN BROWN RD COLUMBIA, MD 21045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERWOOD, JOY 1444 FAIRHAVEN DR. LAKELAND, FL 33803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DERIC OBECK 2909 W. Bayshore CT. Tampa, FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCANLON, JAMES PO BOX 427 BOCA GRANDE, FL 33921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COEY, EDGAR PO BOX 1323 BOCA GRANDE, FL 33921 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANNELLA, NORMAN 6237 BAYSHORE DR. TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD FREEMAN 3889 CLEARVIEW BL GRAND RAPIDS, MI 49546 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: [Signature] DIRECTOR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/5/06 <small>Date</small>	
		<small>Daytime Phone #</small>	