

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90039 033 \*\*\*\*61.25

<b>DOCUMENT # 715752</b> 1. Entity Name <b>BOCA GRANDE BEACH CLUB ASSOCIATION, INC.</b>					
Principal Place of Business <b>181 CENTER RD VENICE, FL 34285 US</b>			Mailing Address <b>181 CENTER RD VENICE, FL 34285 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		01032007 Chg-NP		CR2E037 (12/06)	
4. FEI Number <b>59-2271634</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ARGUS MANAGEMENT OF VENICE, INC. 181 CENTER RD VENICE, FL 34285</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BEAUMONT, DINA</b>		NAME		
STREET ADDRESS	<b>9720 OWEN BROWN RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>COLUMBIA, MD 21045</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OBECK, ERIC</b>		NAME	<b>JOY SHARWOOD</b>	
STREET ADDRESS	<b>2909 WEST BAYSHORE CT</b>		STREET ADDRESS	<b>1444 Fairhaven Dr.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33611</b>		CITY-ST-ZIP	<b>Lakeland, FL 33803</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCANLON, JAMES</b>		NAME	<b>ALICE FORSELL</b>	
STREET ADDRESS	<b>PO BOX 427</b>		STREET ADDRESS	<b>3429 Devine St.</b>	
CITY-ST-ZIP	<b>BOCA GRANDE, FL 33921</b>		CITY-ST-ZIP	<b>Columbia, SC 29205</b>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CANNELLA, NORMAN</b>		NAME	<b>MARGARET MORFELL</b>	
STREET ADDRESS	<b>6237 BAYSHORE DR.</b>		STREET ADDRESS	<b>103 Hillwood Blvd</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33611</b>		CITY-ST-ZIP	<b>Nashville, TN 37205</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FREEDMAN, DONALD</b>		NAME	<b>DANA ROBINETTE</b>	
STREET ADDRESS	<b>3889 CLEARVIEW</b>		STREET ADDRESS	<b>2616 Tamiami Trail</b>	
CITY-ST-ZIP	<b>GRAND RAPIDS, MI 49546</b>		CITY-ST-ZIP	<b>Port Charlotte, FL 33952</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			Date _____ Daytime Phone # _____		
<small>Typed or printed name of signing officer or director</small>					

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