2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 715752

Entity Name: BOCA GRANDE BEACH CLUB ASSOCIATION, INC.

Current Principal Place of Business:

504 N. INDIANA AVE,
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

514 N. INDIANA AVE,
ENGLEWOOD, FL 34223 US

Current Mailing Address:

504 N. INDIANA AVE,
ENGLEWOOD, FL 34223 US

New Mailing Address:

514 N. INDIANA AVE,
ENGLEWOOD, FL 34223 US

FEI Number: 59-2271634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATRIUMCAM, INC.
504 N. INDIANA AVE.
ENGLEWOOD, FL 34223 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: T ( ) Delete
Name: BEAUMONT, DINA
Address: 9720 OWEN BROWN RD
City-St-Zip: COLUMBIA, MD 21045

Title: P ( ) Delete
Name: SHERWOOD, JOY
Address: 1444 FAIRHAVEN DR.
City-St-Zip: LAKELAND, FL 33803

Title: VP ( ) Delete
Name: FORSELL, ALICE
Address: 3429 DEVINE STREET
City-St-Zip: COLUMBIA, SC 29205

Title: S ( ) Delete
Name: SCHULTZ, KAREN
Address: 6307 FRENCH CREEK CT.
City-St-Zip: ELLENTON, FL 34222

Title: D (X) Delete
Name: ROBINETTE, DANA
Address: 2616 TAMIAMI TR.
City-St-Zip: PORT CHARLOTTE, FL 33952

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: JOY SHERWOOD PRES 04/15/2009

Electronic Signature of Signing Officer or Director — Date