

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730686

FILED
Apr 27, 2011
Secretary of State

Entity Name: BOCA GRANDE ISLES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% FLISCHEL, MURTHA & ASSOC, P.A.
900 E PINE ST, SUITE 126
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

JUFFE, FLISCHEL & MURTHA & P.A.
900 E PINE ST, SUITE 126
ENGLEWOOD, FL 34223 US

Current Mailing Address:

% FLISCHEL, MURTHA & ASSOC, P.A.
900 E PINE ST, SUITE 126
ENGLEWOOD, FL 34223 US

New Mailing Address:

JUFFE, FLISCHEL, & MURTHA, P.A.
900 E PINE ST, SUITE 126
ENGLEWOOD, FL 34223 US

FEI Number: 59-1628460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLISCHEL, RAYMOND W
900 E. PINE STREET, SUITE 126
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: VP
Name: AGGER, JAMES M
Address: 1601 JEAN LAFITTE DRIVE
City-St-Zip: BOCA GRANDE, FL 33921

Title: S
Name: HANLEY, COTTON
Address: 1632 TREASURE LANE
City-St-Zip: BOCA GRANDE, FL 33921

Title: T
Name: GHRISKEY, WILLIAM
Address: 1624 TREASURE LANE
City-St-Zip: BOCA GRANDE, FL 33921

Title: PD
Name: HOOPES, EDWARD
Address: 1712 JOSE GASPARD DRIVE
City-St-Zip: BOCA GRANDE, FL 33921

Title: D
Name: AIKENS, ROBERT
Address: 1684 JOSE GASPARD DRIVE
City-St-Zip: BOCA GRANDE, FL 33921

Title: D
Name: MARTIN, JAMES E
Address: 1612 TREASURE LANE
City-St-Zip: BOCA GRANDE, FL 33921

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: LYNN RAYMOND

ADM

04/27/2011

Electronic Signature of Signing Officer or Director

Date