

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730686

FILED  
Apr 24, 2012  
Secretary of State

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

**Current Principal Place of Business:**

JUFFE, FLISCHEL & MURTHA & 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:**

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

**New Mailing Address:**

**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: VPD  
Name: MARTIN, JAMES M  
Address: 1612 TREASURE LANE  
City-St-Zip: BOCA GRANDE, FL 33921

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

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

Title: PD  
Name: HYDE, CHRYS  
Address: 1704 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: HALL, ROBERT M  
Address: 1688 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

BKKP

04/24/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date