


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90044 019 ****70.00

DOCUMENT # 752722 1. Entity Name BOCA GRANDE CLUB CONDOMINIUM PHASE III ASSOCIATION, INC.					
Principal Place of Business 5000 GASPARILLA ROAD P.O. BOX 810 BOCA GRANDE, FL 33921 US			Mailing Address C/O BOCA GRANDE CLUB P.O. BOX 810 BOCA GRANDE, FL 33921 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2038531	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANDERSON, YVONNE BOCA GRANDE HOMEOWNERS ASSN., INC. 5001 GASPARILLA ROAD BOCA GRANDE, FL 33921				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				State FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2005		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	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLOTFELTER, CHARLES		NAME		
STREET ADDRESS	5000 GASPARILLA RD		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCMILLAN, S. LEE		NAME	SD HARTER ANN	
STREET ADDRESS	5000 GASPARILLA RD		STREET ADDRESS	5000 GASPARILLA RD	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	BOCA GRANDE, FL 33921	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIALA, JAMES		NAME		
STREET ADDRESS	5000 GASPARILLA ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENLEAF, GEOFREY		NAME	TD GREENLEAF, Geoffrey	
STREET ADDRESS	5000 GASPARILLA RD		STREET ADDRESS	5000 GASPARILLA RD	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	BOCA GRANDE, FL 33921	
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		
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 exemption stated in Section 119.07(3)(i), 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: <u>Charles Clotfelter</u> CHARLES CLOTFELTER 3/29/05 941 964-2211 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					