


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90410 028 \*\*\*\*70.00

<b>DOCUMENT # 752722</b> 1. Entity Name <b>BOCA GRANDE CLUB CONDOMINIUM PHASE III ASSOCIATION, INC.</b>					
Principal Place of Business <b>5000 GASPARILLA ROAD P.O. BOX 810 BOCA GRANDE, FL 33921 US</b>			Mailing Address <b>C/O BOCA GRANDE CLUB P.O. BOX 810 BOCA GRANDE, FL 33921 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ANDERSON, YVONNE BOCA GRANDE HOMEOWNERS ASSN., INC. 5001 GASPARILLA ROAD BOCA GRANDE, FL 33921</b>				Name <b>Anderson, Yvonne</b> Street Address (P.O. Box Number is Not Acceptable) <b>Boca Grande Homeowners Assn., Inc.</b> <b>5000 Gasparilla Rd</b> City <b>Boca Grande</b> <b>FL</b> Zip Code <b>33921</b>	
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 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MINERVINI, DEBORAH 5000 GASPARILLA RD BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HARTER, ANN 5000 GASPARILLA RD BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SCHNEIDER, DAVID 5000 GASPARILLA RD BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GREENLEAF, GEOFREY 5000 GASPARILLA RD BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u><i>Deborah Minervini</i></u> <u>4-11-07</u> <u>941-964-2211</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					