2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

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DOCUMENT #752722 1. Entity Name BOCA GRANDE CLUB CONDOMINIUM PHASE III ASSOCIATION, INC.						90357 029 ****6					
5000 GASPARILLA ROAD C/0 P.O. BOX 810 P.O		P.O. BOX 810	C/O BOCA GRANDE CLUB		* 						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			.	i 1184 1188 3184 1188 3191 1					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072008 Chg-NP	CR2E037 (12/06)					
City & State		City & State			4. FEI Number 59-2038531	<u> </u>	Applied For Not Applicable				
Zip	Country	Zip	Country		5. Certificate of Status Desired	□ \$8.75 A Fee Requi					
	6. Name and Address of Current	Registered Agent			7. Name and Address of New R	Registered Agent					
ANDEDCO	NI WONNE		Name	Name							
ANDERSON, YVONNE BOCA GRANDE HOMEOWNERS ASSN., INC. 5001 GASPARILLA ROAD			Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
	ANDE, FL 33921		Cit								
			City	FL Zip Code							
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.											
ti le colligati	· -				SIGNATURE Signyful (typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
_		and title if applicable. (NOTE:	Registered Agent signatur	re required	when reinstating)	12+(00					
_	Signature typed or printed name of registered agent a	<u> </u>				DATE DATE	to				
_		9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be	DATE DATE					
_	Signature typed or printed name of registered agents Filling Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	□	\$5.00 May Be Added to Fees DDITIONS/CHANGES TO OFFICE	rida Department of	State IN 10				
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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.

SIGNATURE: YOU NE AND FROM A-PRIVED Dayone Phone #