

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752722

FILED
Apr 24, 2009
Secretary of State

Entity Name: BOCA GRANDE CLUB CONDOMINIUM PHASE III ASSOCIATION, INC.

Current Principal Place of Business:

5000 GASPARILLA ROAD
P.O. BOX 810
BOCA GRANDE, FL 33921 US

New Principal Place of Business:

5000 GASPARILLA ROAD
BOCA GRANDE, FL 33921 US

Current Mailing Address:

C/O BOCA GRANDE CLUB
P.O. BOX 810
BOCA GRANDE, FL 33921 US

New Mailing Address:

FEI Number: 59-2038531 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ANDERSON, YVONNE
BOCA GRANDE HOMEOWNERS ASSN., INC.
5001 GASPARILLA ROAD
BOCA GRANDE, FL 33921 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: ADR () Delete
Name: ANDERSON, YVONNE
Address: 5000 GASPARILLA RD.
City-St-Zip: BOCA GRANDE, FL 33921

Title: VD () Delete
Name: MARTIN, LYONS
Address: 5000 GASPARILLA RD.
City-St-Zip: BOCA GRANDE, FL 33921

Title: STD () Delete
Name: AMBROSIUS, MARK
Address: 5000 GASPARILLA RD.
City-St-Zip: BOCA GRANDE, FL 33921

Title: PD () Delete
Name: ELLIOTT, BOB
Address: 5000 GASPARILLA RD.
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AOR (X) Change () Addition
Name: ANDERSON, YVONNE
Address: 5000 GASPARILLA RD.
City-St-Zip: BOCA GRANDE, FL 33921

Title: VD (X) Change () Addition
Name: LYONS, MARTIN
Address: 5000 GASPARILLA RD.
City-St-Zip: BOCA GRANDE, FL 33921

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: YVONNE ANDERSON

AOR

04/24/2009

Electronic Signature of Signing Officer or Director

Date