



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-31-2005 90044 023 ****70.00

DOCUMENT # 754160 1. Entity Name MARINA VILLAGE CONDOMINIUM OF BOCA GRANDE CLUB ASSOCIATION, INC.					
Principal Place of Business 5000 GASPARILLA ROAD PO 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 Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 03232005 Chg-NP CR2E037 (10/03) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 4. FEI Number 59-2064061 </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 5. Certificate of Status Desired <input checked="" type="checkbox"/> </div> <div> \$8.75 Additional Fee Required </div> </div>	
6. Name and Address of Current Registered Agent BOCA GRANDE HOMEOWNERS ASSOCIATION, INC. DBA BOCA GRANDE CLUB 5000 GASPARILLA RD. BOCA GRANDE, FL 33921				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 NAME STREET ADDRESS CITY-ST-ZIP	PD GORDON, JUDY 5000 GASPARILLA ROAD BOCA GRANDE, FL 33921	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BAER, ROLAND 5000 GASPARILLA RD BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAER, ROLAND 5000 GASPARILLA RD BOCA GRANDE, FL 33921 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNEBERGER, HENRY 5000 GASPARILLA RD BOCA GRANDE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHAW, John 5000 GASPARILLA RD BOCA GRANDE, FL 33921 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLOTFELTER, CHARLES 5000 GASPARILLA ROAD BOCA GRANDE, FL 33921	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 941964-2211 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					