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Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763972 (7)

1. Corporation Name

LA PORTA BOCA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3233 WOODTHRUSH DR.  
PUNTA GORDA FL 339503233 WOODTHRUSH DR.  
PUNTA GORDA FL 33950-66993. Date Incorporated or Qualified  
06/30/19823a. Date of Last Report  
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 265 TAMiami TRAIL

22 City &amp; State

27 City & State  
28 PUNTA GORDA FL

23 Zip Country

29 33950 30 Charlotte

4. FEI Number  
65-0339306Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGHORNE, JAMES  
3133 WOODTHRUSH DR  
UNIT A-24  
PUNTA GORDA FL 3395081 Name  
Joan Greene  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 265 TAMiami TR  
84 City PUNTA GORDA FL 85 Zip Code 33911

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Joan F Greene

2/17/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME CARPENTER, ED  
STREET ADDRESS 7510 C H 47  
CITY-ST-ZIP UPPER SANDUSKY OH1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE PD  
NAME VANDENBOSH, CHARLES  
STREET ADDRESS 7487 BUCCANEER DR SE  
CITY-ST-ZIP GRAND RAPIDS MI2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE STD  
NAME LANGHORNE, JAMES  
STREET ADDRESS 3233 WOODTHRUSH DR. UNIT A24  
CITY-ST-ZIP PUNTA GORDA FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D  
NAME HARTMAN, CINDY  
STREET ADDRESS 3233 WOOD THRUSH DR #12A  
CITY-ST-ZIP PUNTA GORDA FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0057584

CR2E037 (9/96)