


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90042 022 ****61.25

DOCUMENT # 763972 1. Entity Name LA PORTA BOCA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3233 WOODTHRUSH DR. PUNTA GORDA, FL 33950				Mailing Address 265 TAMiami TRAIL PUNTA GORDA, FL 33950 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 100 SULLIVAN ST Suite 112			
City & State Zip		City & State PUNTA GORDA FL Zip 33950		4. FEI Number 65-0339306	
Country		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREENE, JOAN F 265 TAMiami TR 265 TAMiami TRAIL PUNTA GORDA, FL 33951				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100 SULLIVAN ST STE 112 City PUNTA GORDA FL Zip Code 33950	
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 <u>Joan F Greene</u> DATE <u>3/8/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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	VD CARPENTER, ED 7510 C H 47 UPPER SANDUSKY, OH	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SULLIVAN, MICHAEL 3233 WOOD THRUSH DR SUITE A24 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINERS, ROBERTS 3233 WOOD THRUSH DR. C-23 PUNTA GORDA, FL 33950	<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 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>Robert Miners</u> <u>ROBERT MINERS/PRESIDENT</u> <u>3/12/04</u> <u>575-6585</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

94033080



03082004 Chg-NP CR2E037 (10/03)