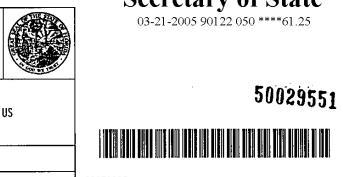
## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

1. Entity Name LA PORTA BOCA CONDOMINIUM ASSOCIATION, INC.

**DOCUMENT #763972** 

## **FILED** Mar 21, 2005 8:00 am Secretary of State



Principal Place of Business Mailing Address 3233 WOODTHRUSH DR. 100 SULLIVAN ST., #112 PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 02072005 Chg-NP Suite, Apt. #, etc. CR2E037 (10/03) City & State 4. FEI Number 65-0339306 Applied For City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 100 SULLIVAN ST., #112 Street Address (P.O. Box Number is Not Acceptable) 265 TAMIAMI TRAIL PUNTA GORDA, FL 33951 Zip Code City 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE VD ☐ Delete TITLE CARPENTER, ED NAME NAME 7510 C H 47 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP UPPER SANDUSKY, OH ☐ Change ☐ Addition ATLE Delete TITLE SULLIVAN, MICHAEL NAME NAME 3233 WOOD THRUSH DR SUITE A24 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PUNTA GORDA, FL 33950 PD TITLE ☐ Change ■ Addition TITLE ☐ Delete MINERS, ROBERTS NAME NAME 3233 WOOD THRUSH DR. C-23 STREET ADDRESS STREET ADDRESS PUNTN GORON, FL 33950 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 encovered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR