

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90027 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
**100 SULLIVAN ST., #112
PUNTA GORDA, FL 33950 US**

40047429



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0339306

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENE, JOAN F
100 SULLIVAN ST., #112
205 TAMiami TRAIL
PUNTA GORDA, FL 33951**

Name
Joan F. GREENE
Street Address (P.O. Box Number is Not Acceptable)
**100 SULLIVAN ST
Ste 112
PUNTA GORDA FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **VD** ☐ Delete
NAME **CARPENTER, ED**
STREET ADDRESS **7510 C H 47**
CITY-ST-ZIP **UPPER SANDUSKY, OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **WAGNER, ELIZABETH**
STREET ADDRESS **3233 WOODTHRUSH DR**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☐ Change ☒ Addition
NAME **MICHAEL SULLIVAN**
STREET ADDRESS **3233 WOOD THRUSH DR**
CITY-ST-ZIP **PUNTA GORDA - FL 33950**

TITLE **PD** ☐ Delete
NAME **CAPARELLA, JOE**
STREET ADDRESS **12950 SW PEMBROKE CIRCLE**
CITY-ST-ZIP **ARCADIA, FL 34269**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #