

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000007342
1. Entity Name
BOCA GRANDE PASS ENHANCEMENT FUND, INC.



Principal Place of Business
4913 WORMAN ST.
TAMPA FL 33613

Mailing Address
PO BOX 3343
PLACIDA FL 33946



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

1st MOORE CR2E037 (10/05)

4. FEI Number
65-1148501

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent
MARKETT, DAVIS L
14913 WORMAN ST.
TAMPA FL 33613

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	MARKETT, DAVIS L	
STREET ADDRESS	14913 WORMAN ST.	
CITY - ST - ZIP	TAMPA FL 33613	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ITALIANO, NELSON A	
STREET ADDRESS	PO BOX 1406	
CITY - ST - ZIP	BOCA GRANDE FL 33921	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, CHUCK	
STREET ADDRESS	10836 POND RIDGE DR.	
CITY - ST - ZIP	FORT MYERS FL 33913	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WASNO, BOB	
STREET ADDRESS	3406 PALM BEACH BLVD.	
CITY - ST - ZIP	FORT MYERS FL 33916	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KLINGEL, WALTER	
STREET ADDRESS	P.O. BOX 677	
CITY - ST - ZIP	BOCA GRANDE FL 33921	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000532169
05/06/06-80073-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: WALTER KLINGEL TD 4-18-06
Date Daytime Phone #