2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N02000003685 02-21-2006 90029 035 ****61.25 BOCA VISTA HARBOR C CONDOMINIUM ASSOCIATION. INC. 40015330 Principal Place of Business Mailing Address P.O. BOX97 6020 BOCA GRANDE CAUSEWAY BOCA GRANDE, FL 33921 BOCA GRANDE, FL 33921 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number 65-1171714 Applied For Not Applicable Zip Country Country Zip \$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 SCOTT PETERSON-GRAND ISLAND VACATIONS INC Street Address (P.O. Box Number is Not Acceptable) 6020 BOCA GRANDE CAUSEWAY BOCA GRANDE, FL 33921 City 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 Signature, typed or orinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ■ Addition TITLE ☐ Delete TITLE Change Change TUCKER, GEORGE NAME NAME STREET ADDRESS 98 PICKLE RD STREET ADDRESS CALIFON, NJ 07830 CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE GAYNOR, NORMAN NAME NAME 82 EST DRIVE, POB 696 STREET ADDRESS STREET ADDRESS HARTVILLE, OH 44632 CITY-ST-7IP CITY-ST-7IP ☐ Delete DTS Change ☐ Addition TITLE TITLE KELLEY, HUGH NAME 112 GOSHHAWK TERRACE STREET ADORESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 CITY-ST-ZIP ☐ Oelete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Detete TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP

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 attaction with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 21, 2006 8:00 am