


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

1/8

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90238 032 \*\*\*\*61.25

<b>DOCUMENT # N02000003768</b>					
1. Entity Name BOCA VISTA HARBOR B CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6020 BOCA GRANDE CAUSEWAY BOCA GRANDE, FL 33921 US			Mailing Address P.O. BOX 97 BOCA GRANDE, FL 33921 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1171712	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PETERSON, SCOTT 6020 BOCA GRANDE CAUSEWAY BOCA GRANDE, FL 33921			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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, BOB		NAME	OT Werby, Terry	
STREET ADDRESS	2754 BURLINGTON DRIVE		STREET ADDRESS	13213 Gasparilla Rd 402B	
CITY-ST-ZIP	HICKORY CORNERS, MI 490609320		CITY-ST-ZIP	Florida, FL 33946	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHNOW, DEBORAH		NAME		
STREET ADDRESS	11 WARWICK LANE		STREET ADDRESS		
CITY-ST-ZIP	ROCKY RIVER, OH 44166		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 118, 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>Bob Cook</u>		Date: <u>1/4/07</u>		Daytime Phone #: <u>941-964-2080</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	