



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90026 038 \*\*\*\*61.25

<b>DOCUMENT # N02000003768</b> 1. Entity Name <b>BOCA VISTA HARBOR B CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>6020 BOCA GRANDE CAUSEWAY                  BOCA GRANDE, FL 33921 US</b>		Mailing Address <b>P.O. BOX 97                  BOCA GRANDE, FL 33921 US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01142008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number <b>65-1171712</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent	
<b>PETERSON, SCOTT                  6020 BOCA GRANDE CAUSEWAY                  BOCA GRANDE, FL 33921</b>				7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable)				City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25                  Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to                  Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>COOK, BOB</b> <input type="checkbox"/> Delete <b>2754 BURLINGTON DRIVE                  HICKORY CORNERS, MI 490609320</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>ZAHNOW, DEBORAH</b> <input type="checkbox"/> Delete <b>11 WARWICK LANE                  ROCKY RIVER, OH 44166</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>WESLEY, TERRY</b> <input type="checkbox"/> Delete <b>13213 GARPANILLA RD. 402B                  PLACIDA, FL 33946</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <i>Bob Cook</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/9/08</b>		Daytime Phone # <b>941-964-2080</b>	