2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

CITY-ST-70

Secretary of State DOCUMENT # N02000008935 01-08-2007 90253 026 ****61.25 1. Entity Name BOCA VISTA HARBOR D CONDOMINIUM ASSOCIATION, Mailing Address Principal Place of Business 40000421 **PO BOX 97 PO BOX 97** BOCA GRANDE, FL 33921 US **6020 BOCA GRANDE CAUSEWAY** BOCA GRANDE, FL 33921 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-NP CR2E037 (12/06) Applied For 4. FEI Number 65-1171716 City & State City & State Not Applicable Zip Country Zip Country \$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-GRANDE VACATION ISLAND 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 printed 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 Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE Addition TITLE Delete Morrow Tames 542 Saddle Cane KLAUBERT MIKE NAME NAME 1840 PHILLIPPI SHORES DR STREET ADDRESS STREET ADDRESS City-St-7IP SARASOTA, FL 34231 CITY-ST-ZiP GOICE PRINTE WOOD DF DΛ TITLE ☐ Delete Change ☐ Addition TITLE Marbert mike 45 Teddington wax Laconia, NH 07246 ZURICK, CRAIG NAME NAME 1840 PHILLIPPI SHORES DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP DST Delete IIILE TITLE Change ☐ Addition WOOD, TOM NAME NAME STREET ADDRESS 1840 PHILLIPPI SHORES DR STREET ADDRESS SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 08, 2007 8:00 am