2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N02000008935 1. Entity Name BOCA VISTA HARBOR D CONDOMINIUM ASSOCIATION, INC.					201		00026 036 ****6	
PO BOX 97 PC		Mailing Address PO BOX 97 BOCA GRANDE, FL 3.	•		1 (00)1471 871 88710	11 3 41 58 711 171 17 18 11	# 8574 8574 9570 19743 1704	#171151 \$1 F1#1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01142008 CI	hg-NP	CR2E037 (12/06)
City & State		City & State		4. FEI Number 65-117171	6		Applied For Not Applicable	
Zip Country		Zip	Zip Cou		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	egistered Agent .	
COOTT DE	TERCON CRANDE VACATION	ON ICI AND INO	, ,	Name				
SCOTT PETERSON-GRANDE VACATION ISLAND INC. 6020 BOCA GRANDE CAUSEWAY BOCA GRANDE, FL 33921				Street Address (P.O. Box Number is Not Acceptable)				
BOOM GRANDE, FE 33921				O:h			7:- 0	
				City			FL Zip Co	apo
	named entity submits this statement faions of registered agent.	or the purpose of changing i	ts registere	ed office or re	gistered agent, or both, in	the State of Flo	xida. I am familiar wit	h, and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NC	OTE: Registered	d Agent signature r	equired when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Added to Fees Florida Department of State		
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTORS	IN 10
TITLE								
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indicated on this report or supplies with this limit does not quality 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR