


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90249 011 ****61.25

DOCUMENT # N03000001038					
1. Entity Name BOCA VISTA HARBOR COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 6020 BOCA GRANDE CAUSEWAY BOCA GRANDE, FL 33921			Mailing Address P.O. BOX 97 BOCA GRANDE, FL 33921		
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 35-2206527	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRANER, GEORGE		NAME		
STREET ADDRESS	9 RED LAF LANE		STREET ADDRESS		
CITY-ST-ZIP	LANCASTER, PA 17602		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOK, BOB		NAME		
STREET ADDRESS	2754 BURLINGTON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HICKORY CORNERS, MI 49060		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUCKER, GEORGE		NAME		
STREET ADDRESS	98 PICKLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	CALIFON, NJ 07830		CITY-ST-ZIP		
TITLE	TO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLAUBERT, MIKE		NAME		
STREET ADDRESS	95 TEDDINGTON WAY		STREET ADDRESS		
CITY-ST-ZIP	LACONIA, NH 03246		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEASON, HAROLD		NAME		
STREET ADDRESS	1044 KENSINGTON RD		STREET ADDRESS		
CITY-ST-ZIP	GROSSE POINTE, MI 48230		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 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: <u>George Graner</u>		Date: <u>1/4/07</u>		Daytime Phone #: <u>941-964-2080</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					