

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001038

FILED
Mar 03, 2009
Secretary of State

Entity Name: BOCA VISTA HARBOR COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

6020 BOCA GRANDE CAUSEWAY
BOCA GRANDE, FL 33921

New Principal Place of Business:

14555 GASPARILLA ROAD
PLACIDA, FL 33946

Current Mailing Address:

P.O. BOX 97
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 35-2206527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, SCOTT
6020 BOCA GRANDE CAUSEWAY
BOCA GRANDE, FL 33921 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRANER, GEORGE
Address: 9 RED LAF LANE
City-St-Zip: LANCASTER, PA 17602

Title: VPD () Delete
Name: COOK, BOB
Address: 2754 BURLINGTON DRIVE
City-St-Zip: HICKORY CORNERS, MI 49060

Title: TO () Delete
Name: KLAUBERT, MIKE
Address: 95 TEDDINGTON WAY
City-St-Zip: LACONIA, NH 03246

Title: DVP () Delete
Name: DEASON, HAROLD
Address: 1044 KENSINGTON RD
City-St-Zip: GROSSE POINTE, MI 48230

Title: SD () Delete
Name: GAYNOR, NORMAN
Address: 82 E DR POB 696
City-St-Zip: HARTVILLE, OH 44632

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRANER, GEORGE
Address: 13113 GASPARILLA ROAD UNIT 403
City-St-Zip: PLACIDA, FL 33946

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GAYNOR, NORMAN
Address: 13313 GASPARILLA ROAD UNIT 501
City-St-Zip: PLACIDA, FL 33946

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE GRANER

PD

03/03/2009

Electronic Signature of Signing Officer or Director

_____ Date