


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # N03000010494 1. Entity Name BOCA GRANDE COMMUNITY PLANNING ASSOCIATION, INC.	
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Principal Place of Business 120 DAMFINO ST. BOCA GRANDE, FL 33921	Mailing Address P.O. BOX 2404 BOCA GRANDE, FL 33921
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DO NOT WRITE IN THIS SPACE



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3773264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SEIBERT, LYNNE
120 DAMFINO ST.
BOCA GRANDE, FL 33921

**DO NOT WRITE
IN THIS SPACE**

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 renewing) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S ALEY, LINDA P.O. BOX 1122 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V HEISEL, WILLIAM A DR. P.O. BOX 1926 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P HOOPES, EDWARD P.O. BOX 1451 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T SEIBERT, LYNNE P.O. BOX 1707 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V WRIGHT, HENRY L DR. P.O. BOX 1068 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000508721
04/28/06-80011-022 61.25

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IN THIS SPACE**

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: Lynne M. Seibert, Treasurer LYNNE M. SEIBERT, Dir. Treas 4/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(941) 964 2547