2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N03000010494

Entity Name: BOCA GRANDE COMMUNITY PLANNING ASSOCIATION, INC.

Current Principal Place of Business:

120 DAMFINO ST.
BOCA GRANDE, FL 33921

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2404
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 59-3773264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEIBERT, LYNNE
120 DAMFINO ST.
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: D/V ( ) Delete
Name: HEISEL, WILLIAM A DR.
Address: P.O. BOX 1926
City-St-Zip: BOCA GRANDE, FL 33921

Title: DP ( ) Delete
Name: HOOPES, EDWARD
Address: P.O. BOX 1451
City-St-Zip: BOCA GRANDE, FL 33921

Title: D/T ( ) Delete
Name: SEIBERT, LYNNE
Address: P.O. BOX 1707
City-St-Zip: BOCA GRANDE, FL 33921

Title: D/V ( ) Delete
Name: WRIGHT, HENRY L DR.
Address: P.O. BOX 1068
City-St-Zip: BOCA GRANDE, FL 33921

Title: DS ( ) Delete
Name: ALEY, LINDA
Address: P.O. BOX 1122
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LYNNE SEIBERT D/T 02/03/2009

Electronic Signature of Signing Officer or Director — Date