

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004777

FILED
Apr 28, 2008
Secretary of State

Entity Name: BOCA LAGO AT VIVANTE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

4300 MARSH LANDING BLVD. SUITE 202
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

4300 MARSH LANDING BLVD. SUITE 202
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 20-4901207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILEMAN, ARIANA R
1107 W MARION AVE 112
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

HATHAWAY & REYNOLDS, PA
115 PROFESSIONAL DRIVE
SUITE 101
PONTE VEDRA BEACH, FL 32082 US

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: HEATHER M. REYNOLDS

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOVE, GABRIEL M
Address: 4300 MARSH LANDING BLVD. SUITE 202
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: YODER, JAMES
Address: 4300 MARSH LANDING BLVD. SUITE 202
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: BOVE, PHYLLIS
Address: 4300 MARSH LANDING BLVD. SUITE 202
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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:

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: GABRIEL M. BOVE

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date