

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-08-2007 90015 039 ****61.25

DOCUMENT # N06000004787					
1. Entity Name BOCA LAGO AT VIVANTE I CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4300 MARSH LANDING BOULEVARD SUITE 202 JACKSONVILLE BEACH, FL 32250			Mailing Address 4300 MARSH LANDING BOULEVARD SUITE 202 JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business - No P.O. Box # 1532 Rio De Janeiro Ave		3. Mailing Address PO Box 380758			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Punta Gorda, FL		City & State Murdock, FL		4. FEI Number 20-4901300	
Zip 33983		Country		Applied For Not Applicable	
Zip 33983		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILEMAN, ARIANA R 1107 WEST MARION AVENUE SUITE 112 PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent Name Kristine Wishard Street Address (P.O. Box Number is Not Acceptable) 1532 Rio De Janeiro Ave City Punta Gorda FL Zip Code 33983		
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 <i>Kristine Wishard</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE 4/12/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
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 PTD NAME BOVE, GABRIEL M STREET ADDRESS 4300 MARSH LANDING BLVD, SUITE 202 CITY - ST - ZIP JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Feder, Patricia STREET ADDRESS 94 Vivante Blvd, #9431 CITY - ST - ZIP Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME BOVE, PHYLLIS STREET ADDRESS 4300 MARSH LANDING BLVD, SUITE 202 CITY - ST - ZIP JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME Rice, Patricia STREET ADDRESS 94 Vivante Blvd, #9447 CITY - ST - ZIP Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME YODER, JAMES S STREET ADDRESS 4300 MARSH LANDING BLVD, SUITE 202 CITY - ST - ZIP JACKSONVILLE BEACH, FL 32250	<input checked="" type="checkbox"/> Delete		TITLE TD NAME Rice, Raymond STREET ADDRESS 94 Vivante Blvd, #9447 CITY - ST - ZIP Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE SD NAME Feder, Kenneth STREET ADDRESS 94 Vivante Blvd, #9431 CITY - ST - ZIP Punta Gorda, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Patricia Feder</i> PATRICIA FEDER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/18/07 Daytime Phone # 941.575-8001		