

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000013012

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** BOCA LAGO AT VIVANTE IV CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1532 RIO DE JANEIRO AVE  
PUNTA GORDA, FL 33983

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 380758  
MURDOCK, FL 33938

**FEI Number:** 20-8152362

**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., SUITE 112  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

GATEWAY MANAGEMENT  
1532 RIO DE JANEIRO AVE  
PUNTA GORDA, FL 33983 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: GATEWAY MANAGEMENT

04/25/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HINTZ, NANCY  
Address: PO BOX 380758  
City-St-Zip: MURDOCK, FL 33938

Title: VPD (X) Change ( ) Addition  
Name: JACOBSON, BRUCE  
Address: PO BOX 380758  
City-St-Zip: MURDOCK, FL 33938

Title: STD (X) Change ( ) Addition  
Name: STRANO-KOWALSKI, DEBORAH  
Address: PO BOX 380758  
City-St-Zip: MURDOCK, FL 33938

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: NANCY HINTZ

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date