

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002163

FILED  
Mar 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1532 RIO DE JANEIRO AVE.  
PUNTA GORDA, FL 33983

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 380758  
MURDOCK, FL 339380758

**New Mailing Address:**

**FEI Number:** 20-8551635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

THE GATEWAY GROUP  
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: KRISTINE WISHARD

03/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: PTD (X) Change ( ) Addition  
Name: SCHMIDT, DALE  
Address: PO BOX 380758  
City-St-Zip: MURDOCK, FL 33938

Title: VPSD (X) Change ( ) Addition  
Name: YODER, JAMES  
Address: PO BOX 380758  
City-St-Zip: MURDOCK, FL 33938

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: DALE SCHMIDT

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date