

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90109 048 \*\*\*\*70.00

**DOCUMENT # N10873**

1. Entity Name  
**BOCA GRANDE CLUB CONDOMINIUM PHASE VI  
ASSOCIATION, INC.**



Principal Place of Business  
**5000 GASPARILLA RD  
PO BOX 810  
BOCA GRANDE, FL 33921 US**

Mailing Address  
**C/O BOCA GRANDE CLUB  
PO BOX 810  
BOCA GRANDE, FL 33921 US**

**50013803**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2122386**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BOCA GRANDE HOMEOWNERS ASSOCIATION, INC.  
DBA BOCA GRANDE CLUB  
5000 GASPARILLA RD.  
BOCA GRANDE, FL 33921**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE AS ☒ Delete  
NAME CLOTFELTER, CHARLES  
STREET ADDRESS 5000 GASPARILLA RD  
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE STD ☐ Delete  
NAME MITCHEM, LEE  
STREET ADDRESS 5000 GASPARILLA RD.  
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE D ☐ Delete  
NAME COLE, MICHAEL  
STREET ADDRESS 5000 LASPARILLA RD  
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE D ☐ Delete  
NAME MOORE, MAJORIE  
STREET ADDRESS 5000 GASPARILLA RD.  
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE VD ☐ Delete  
NAME WESSELMANN, LEE  
STREET ADDRESS 5000 GASPARILLA RD.  
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE PD ☐ Delete  
NAME JAHNES, WILLIAM G  
STREET ADDRESS 5000 GASPARILLA RD  
CITY-ST-ZIP BOCA GRANDE, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE AS ☐ Change ☒ Addition  
NAME Deborah Mineroini  
STREET ADDRESS 5000 Gasparilla Rd.  
CITY-ST-ZIP Boca Grande, FL 33921

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** *Deborah Mineroini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-13-06*

Date

*941-964-2241*

Daytime Phone #