## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # N10873**

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



## **FILED** Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90109 048 \*\*\*\*70.00

				600 NT 178	1				
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				1 <b>29/1/ (2</b> 8/1 <b>/28/2</b> ///	P1811 B1811 B18	91380 	******
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112006	Chg-NP	CR2E03	37 (11/05)	٠	
City & State		City & State			4. FEI Number 59-21223	86			pplied For
Zip	Country	Zip	Cou	intry	5. Certificate of S	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New R	egistered A	Agent	
				Name	•	•			
BOCA GRANDE HOMEOWNERS ASSO DBA BOCA GRANDE CLUB 5000 GASPARILLA RD. BOCA GRANDE, FL 33921		CIATION, INC.		Street Address	(P.O. Box Number is	Not Acceptable	:)		
		!		City			FL	Zip Cod	e
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	named entity submits this statement fo	r the purpose of changing i	ts registere	ed office or registe	ered agent, or both, i	n the State of Flo	irida. I am i	familiar with,	and accept
•	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registere	d Agent signature require	ed when reinstating)		DATE		<del></del>
-	Filing Fee is \$61.25 Due by May 1, 2006	9. Election C		· ·	\$5.00 May Be Added to Fees			c payable t	
•	Due by may 11 2000	1,00,10.10			Added to 1 dea		•		
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Interest certify that the information supplied with this ining does not quality 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: 🗘

SIGNATURE AND TYPED OR PROMED NAME OF SIGNING OFFICER OR DIRECTOR