

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # N12078

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



Principal Place of Business
**5001 GASPARILLA ROAD
P.O. BOX 810
BOCA RATON, FL 33921 US**

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



03232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2819775

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**

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IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME UPHAM, DAVID L
STREET ADDRESS 5000 GASPARILLA RD.
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE AS
NAME CLOTFELLER, CHARLES
STREET ADDRESS 5000 GASPARILLA RD.
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE STD
NAME HENNESSEY, FRANK
STREET ADDRESS 5000 GASPARILLA RD.
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE VD
NAME HARRISON, CHARLES
STREET ADDRESS 5000 GASPARILLA RD.
CITY-ST-ZIP BOCA GRANDE, FL 33921

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000282412
03/31/05-80041-021 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Charles Clotfelter **CHARLES CLOTFELLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05 941 964-2211
Date Daytime Phone #