



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90410 030 ****70.00

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																																																																																																								
2. Principal Place of Business - No P.O. Box # 5000 Gasparilla Rd Suite, Apt. #, etc. P.O. Box 810		3. Mailing Address Suite, Apt. #, etc. 		40071041 																																																																																																							
City & State Boca Grande, FL		City & State 		4. FEI Number 59-2819775																																																																																																							
Zip 33921		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																											
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD UPHAM, DAVID L</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5000 GASPARILLA RD.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">BOCA GRANDE, FL 33921</td> </tr> <tr> <td>TITLE</td> <td>AS MINERVINI, DEBROH</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5000 GASPARILLA RD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">BOCA GRANDE, FL 33921</td> </tr> <tr> <td>TITLE</td> <td>STD HENNESSEY, FRANK</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5000 GASPARILLA RD.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">BOCA GRANDE, FL 33921</td> </tr> <tr> <td>TITLE</td> <td>VD HARRISON, CHARLES</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5000 GASPARILLA RD.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">BOCA GRANDE, FL 33921</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD UPHAM, DAVID L	<input type="checkbox"/> Delete	STREET ADDRESS	5000 GASPARILLA RD.		CITY-ST-ZIP	BOCA GRANDE, FL 33921		TITLE	AS MINERVINI, DEBROH	<input type="checkbox"/> Delete	STREET ADDRESS	5000 GASPARILLA RD		CITY-ST-ZIP	BOCA GRANDE, FL 33921		TITLE	STD HENNESSEY, FRANK	<input type="checkbox"/> Delete	STREET ADDRESS	5000 GASPARILLA RD.		CITY-ST-ZIP	BOCA GRANDE, FL 33921		TITLE	VD HARRISON, CHARLES	<input type="checkbox"/> Delete	STREET ADDRESS	5000 GASPARILLA RD.		CITY-ST-ZIP	BOCA GRANDE, FL 33921		TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Deborah Minervini</u> <u>4-11-07</u> <u>941-964-2211</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																											