



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90026 004 ****61.25

DOCUMENT # N17745					
1. Entity Name BOCA GRANDE NORTH MARINA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6020 BOCA GRANDE CAUSEWAY P.O. BOX 1043 BOCA GRANDE, FL 33921			Mailing Address P.O. BOX 1043 BOCA GRANDE, FL 33921 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01052006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent GRANDE ISLAND VACATIONS, INC. 6020 BOCA GRANDE CAUSEWAY 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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME COMPTON, JOHN STREET ADDRESS N 6928-M350 CITY-ST-ZIP CEDAR RIVER, MI 48813	<input checked="" type="checkbox"/> Delete		TITLE PD Compton, John STREET ADDRESS P.O. Box 1043 CITY-ST-ZIP Boca Grande, FL 33921	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME LUSK, JERRY STREET ADDRESS PO BOX 1018 CITY-ST-ZIP BOCA GRANDE, FL 33921	<input checked="" type="checkbox"/> Delete		TITLE VPD Miller, Don STREET ADDRESS 7750 E. Manitou Trail CITY-ST-ZIP Roanoke, IN 46783	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME COMPTON, JOHN STREET ADDRESS N6928 - M350 CITY-ST-ZIP CEDAR RIVER, MI 49813	<input checked="" type="checkbox"/> Delete		TITLE SD Dundore Harry STREET ADDRESS 7086 Edmond Ave CITY-ST-ZIP Eaton, MO 21601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME LUSK, JERRY STREET ADDRESS P.O. BOX 1018 CITY-ST-ZIP BOCA GRANDE, FL 33921	<input checked="" type="checkbox"/> Delete		TITLE D Lusk Jerry STREET ADDRESS P.O. Box 1018 CITY-ST-ZIP Boca Grande, FL 33921	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME MILLER, DON STREET ADDRESS 7750 E. MANITOU TRAIL CITY-ST-ZIP ROANOKE, IN 46783	<input checked="" type="checkbox"/> Delete		TITLE T D Rozas Carlos STREET ADDRESS 92 Lodoga Ave CITY-ST-ZIP Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME MILLER, DON STREET ADDRESS 7750 E. MANITOU TRAIL CITY-ST-ZIP ROANOKE, IN 46783	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			1/19/06 941-964-2050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		