

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17745

FILED
Jan 15, 2009
Secretary of State

Entity Name: BOCA GRANDE NORTH MARINA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6020 BOCA GRANDE CAUSEWAY
P.O. BOX 1043
BOCA GRANDE, FL 33921

New Principal Place of Business:

6020 BOCA GRANDE CAUSEWAY
BOCA GRANDE, FL 33921

Current Mailing Address:

P.O. BOX 1043
BOCA GRANDE, FL 33921 US

New Mailing Address:

P. O. BOX 1043
BOCA GRANDE, FL 33921

FEI Number: 65-0063032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANDE ISLAND VACATIONS, INC.
6020 BOCA GRANDE CAUSEWAY
BOCA GRANDE, FL 33921 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COMPTON, JOHN
Address: P.O. BOX 1043
City-St-Zip: BOCA GRANDE, FL 33921

Title: VPD () Delete
Name: MILLER, DAN
Address: 7750 E MONITOR TRAIL
City-St-Zip: ROANOKE, IN 46783

Title: D () Delete
Name: LUSK, JERRY
Address: P.O. BOX 1018
City-St-Zip: BOCA GRANDE, FL 33921

Title: TD () Delete
Name: ROZAS, CARLOS
Address: 92 LODOGA AVE.
City-St-Zip: TAMPA, FL 33606

Title: SD () Delete
Name: DUNDORE, HENRY
Address: P.O. BOX 822
City-St-Zip: BOCA GRANDE, FL 33921

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BOLLHEIMER, DON
Address: 6725 WOODBRIDGE DRIVE
City-St-Zip: FORT WAYNE, IN 46804

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN COMPTON

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

Date