2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# N17862

Entity Name: FRIENDS OF BOCA GRANDE COMMUNITY CENTER, INC.

Current Principal Place of Business:

% LEO WOTITZKY
FIRST STREET AND PARK AVENUE
BOCA GRANDE, FL 33921

New Principal Place of Business:

C/O MARIELA M. CAMARA
FIRST STREET AND PARK AVENUE
BOCA GRANDE, FL 33921

Current Mailing Address:

PO BOX 1222
BOCA GRANDE, FL 33921 US

New Mailing Address:

FEI Number: 59-2818741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEO WOTITZKY
% WOTITZKY, WOTITZKY, WILKINS,FROHLICH
201 WEST MARION AVENUE SUITE 301
PUNTA GORDA, FL 33950 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: TRD ( ) Delete
Name: GOETCHEUS, JOHN TREASUR
Address: P O BOX 1702
City-St-Zip: BOCA GRANDE, FL 33921

Title: SEC ( ) Delete
Name: BOWLER, ROSEMARY SECRETA
Address: 402 LAFITTE ST
City-St-Zip: BOCA GRANDE, FL

Title: PTD ( ) Delete
Name: LYMAN, RANDALL
Address: 16060 GULF SHORES DR.
City-St-Zip: BOCA GRANDE, FL 33921

Title: VPD ( ) Delete
Name: BENNETT, MARCUS C
Address: 16440 GULF SHORES DR.
City-St-Zip: BOCA GRANDE, FL 33921

Title: OD ( ) Delete
Name: ALBERTSON, JOSEPH
Address: 1874 E 18TH STREET
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LYMAN RANDALL PR 01/12/2006

Electronic Signature of Signing Officer or Director — Date