


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

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

DOCUMENT # N20570 1. Entity Name BOCA GRANDE CLUB CONDOMINIUM ASSOCIATION PHASE X, INC.	
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Principal Place of Business 5000 GASPARILLA RD. P.O. BOX 810 BOCA GRANDE, FL 33921	Mailing Address C/O BOCA GRANDE CLUB P.O. BOX 810 BOCA GRANDE, FL 33921 US
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03232005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2778881	Applied For <input type="checkbox"/> Not Applicable
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	DO NOT WRITE IN THIS SPACE
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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 NAME STREET ADDRESS CITY-ST-ZIP	VD WOOD, MAURICE B. 5000 GASPARILLA RD BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOETCHEUS, JOHN 5001 GASPARILLA ROAD BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENN, ANNE-MARIE 5000 GASPARILLA RD BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREEN, MARY LOUISE 5001 GASPARILLA ROAD BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FESMIRE, ROBERT 500 LASPARILLA RD. BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLOTFELTER, CHARLES 5000 GASPARILLA RD BOCA GRANDE, FL 33921

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03/31/05-80041-022 70.00

**DO NOT WRITE
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 CLOTFELTER** 3/30/05 941 964-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #