


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2007 90412 031 ****70.00

DOCUMENT # N20570 1. Entity Name BOCA GRANDE CLUB CONDOMINIUM ASSOCIATION PHASE X, INC.					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2778881	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOCA GRANDE HOMEOWNERS ASSOCIATION, INC. DBA BOCA GRANDE CLUB 5000 GASPARILLA RD. BOCA GRANDE, FL 33921				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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, MAURICE B.		NAME	Fesmire Robert	
STREET ADDRESS	5000 GASPARILLA RD		STREET ADDRESS	5000 Gasparilla Rd	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	5000 Gasparilla Rd	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOETCHEUS, JOHN		NAME	Wesselmann, Lee	
STREET ADDRESS	5001 GASPARILLA ROAD		STREET ADDRESS	5000 Gasparilla Rd	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	5000 Gasparilla Rd	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN, ANNE-MARIE		NAME		
STREET ADDRESS	5000 GASPARILLA RD		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MARY LOUISE		NAME	5000 Gasparilla Rd	
STREET ADDRESS	5001 GASPARILLA ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FESMIRE, ROBERT		NAME	Bayley, Daniel	
STREET ADDRESS	500 LASPARILLA RD.		STREET ADDRESS	5000 Gasparilla Rd	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINEROINI, DEBORAH		NAME	Minervini, Deborah	
STREET ADDRESS	5000 GASPARILLA RD		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
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: <i>Deborah Minervini</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-11-07 <small>Date</small>		
			941-964-2211 <small>Daytime Phone #</small>		