


FILED
Apr 28, 2008 8:00 am
Secretary of State

[illegible]

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|--|--|---------|--|---|--|--------------------------------|--|
| DOCUMENT # N20570 | | | |  | | 04-28-2008 90357 022 ****61.25 | |
| 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 | |
| 6. Name and Address of Current Registered Agent BOCA GRANDE HOMEOWNERS ASSOCIATION, INC. DBA BOCA GRANDE CLUB 5000 GASPARILLA RD. 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 _____ DATE _____ | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | | | 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 <input type="checkbox"/> Delete | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| VD FESMIRE, ROBERT 5000 GASPARILLA RD BOCA GRANDE, FL 33921 | | | | PTD LEE WESSELMANN 5000 GASPARILLA RD BOCA GRANDE, FL 33921 | | | |
| TITLE <input type="checkbox"/> Delete | | | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| PD WESSELMANN, LEE 5001 GASPARILLA ROAD BOCA GRANDE, FL 33921 | | | | LEE WESSELMANN 5000 GASPARILLA RD BOCA GRANDE, FL 33921 | | | |
| TITLE <input type="checkbox"/> Delete | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| D GLENN, ANNE-MARIE 5000 GASPARILLA RD BOCA GRANDE, FL 33921 | | | | | | | |
| TITLE <input checked="" type="checkbox"/> Delete | | | | TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| SD GREEN, MARY LOUISE 5000 GASPARILLA RD BOCA GRANDE, FL 33921 | | | | SD JULIUS FRAGER 5000 GASPARILLA RD. BOCA GRANDE, FL 33921 | | | |
| TITLE <input type="checkbox"/> Delete | | | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| D BAYLEY, DANIEL 500 LASPARILLA RD. BOCA GRANDE, FL 33921 | | | | D DANIEL BAYLEY 5000 GASPARILLA RD. BOCA GRANDE, FL 33921 | | | |
| TITLE <input checked="" type="checkbox"/> Delete | | | | TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| AS MINERVINI, DEBERAH 5000 GASPARILLA RD BOCA GRANDE, FL 33921 | | | | ADR YVONNE ANDERSON 5000 GASPARILLA RD. BOCA GRANDE, FL 33921 | | | |
| 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: <u>YVONNE ANDERSON</u> Date: <u>April 24/08</u> | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # | | | | | | | |