

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90084 033 \*\*\*\*70.00

**DOCUMENT # N20572**

1. Entity Name  
**THE VILLAGE OF BOCA GRANDE CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**5000 GASPARILLA ROAD  
 P O BOX 810  
 BOCA GRANDE, FL 33921 US**

Mailing Address  
**C/O BOCA GRANDE CLUB  
 P O BOX 810  
 BOCA GRANDE, FL 33921 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

40055555



04112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0015967**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	STD FITZGERALD, ANN 5000 GASPARILLA RD. BOCA GRANDE, FL 33921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDENBERG, FRED E. 5001 GASPARILLA RD BOCA GRANDE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Sandy McIntosh 5000 Gasparilla Rd. Boca Grande, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAGERTY, FRANK 5000 GASPARILLA ROAD BOCA GRANDE, FL 33921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLOTFELTER, CHARLES 5000 GASPARILLA RD. BOCA GRANDE, FL 33921 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AS Deborah Minervini 5000 Gasparilla Rd. Boca Grande, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, GENE 5000 GASPARILLA RD. BOCA GRANDE, FL 33921 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D David Horning 5000 Gasparilla Rd. Boca Grande, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLINNERS, MICHAEL 5000 GASPARILLA RD. BOCA GRANDE, FL 33921 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Michael Slinners 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:** *Deborah Minervini* **4-13-06** **941-964-224**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #