
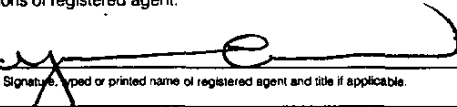



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90021 010 \*\*\*\*61.25

<b>DOCUMENT # N20572</b> 1. Entity Name <b>THE VILLAGE OF BOCA GRANDE CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5000 GASPARILLA ROAD P O BOX 810 BOCA GRANDE, FL 33921 US</b>			Mailing Address <b>C/O BOCA GRANDE CLUB P O BOX 810 BOCA GRANDE, FL 33921 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>65-0015967</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>BOCA GRANDE HOMEOWNERS ASSOCIATION, INC. DBA BOCA GRANDE CLUB 5000 GASPARILLA RD. BOCA GRANDE, FL 33921</b>			7. Name and Address of New Registered Agent -Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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)      DATE: <b>April 24/08</b>					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD HORNING, DAVID 5000 GASPARILLA RD. BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCINTOSH, SANDY 5000 GASPARILLA RD BOCA GRANDE, FL 33921</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD FITZGERALD, ANN 5000 GASPARILLA ROAD BOCA GRANDE, FL 33921</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS MINERVINI, DEBORAH 5000 GASPARILLA RD BOCA GRANDE, FL 33921</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JANSEN, SUSAN 5000 GASPARILLA RD BOCA GRANDE, FL 33921</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SHINNERS, MICHAEL 5000 GASPARILLA RD BOCA GRANDE, FL 33921</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WALTER FITZGERALD 5000 GASPARILLA RD. BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SANDY MCINTOSH 5000 GASPARILLA RD. BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A OR YVONNE ANDERSON 5000 GASPARILLA RD. BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ARTHUR NETHIEM 5000 GASPARILLA RD. BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SUSAN JANSEN 5000 GASPARILLA RD. BOCA GRANDE, FL 33921</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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:  <b>YVONNE ANDERSON</b> DATE: <b>April 24/08</b>					