2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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1. Entity Name
BOCA GRANDE PASS YACHT CLUB, INC.

Principal Place of Business	Mailing Address
17 GROUPER HOLE DR. BOCA GRANDE, FL 33921	P.O. BOX 247 BOCA GRANDE, FL 33921 US

01102006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-0695654
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANBRECHT, ROBERT
17 GROUPER HOLE DR.
BOX 671
BOCA GRANDE, FL 33921

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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 _____ 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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAMBRECHT, ROBERT
STREET ADDRESS	17 GROUPER HOLE DR., BOX 671
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	SD
NAME	STEVENSON, BAYNE
STREET ADDRESS	3531 SHORE LANE, BOX 1612
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	TD
NAME	IRVINE, TOM
STREET ADDRESS	4080 LOOMIS AVE BOX 1488
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	SD
NAME	LATHROP, ANNE
STREET ADDRESS	4040 LOOMIS AVE BOX 478
CITY-ST-ZIP	BOCA GRANDE, FL 33921
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80018-016 61.25

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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: _____ 1-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #