

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90162 015 ****61.25

DOCUMENT # N97000005867

1. Entity Name
**GRANDE BAY AT BOCA BAY HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**800 GULF BOULEVARD
BOCA GRANDE, FL 33921**

Mailing Address
**P.O BOX 1239
BOCA GRANDE, FL 33921**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0791569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST REEFE, EDWARD 665 BOCA BAY DR BOCA GRANDE, FL 33921
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KUNISCH, ROBERT 701 BOCA BAY DRIVE BOCA GRANDE, FL 33921
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP RICE, PATRICK 695 BOCA BAY DRIVE BOCA GRANDE, FL 33921
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**DO NOT WRITE
IN THIS SPACE**

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 Robert D. Kunisch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 941-964-1691
Date Daytime Phone #