2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097433

Entity Name: BOCA MARINA GRANDE GP INC

STOTZER, THÉODORE R

321 EAST HILLSBORO BLVD.

DEERFIELD BEACH, FL 33441

Name:

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

	mer book	WINTER OF COURSE OF , INC.				
Current P	rincipal Pla	ce of Business:	New Principal Pla	New Principal Place of Business:		
	LSBORO BL LD BEACH,					
Current N	lailing Add	ress:	New Mailing Addr	New Mailing Address:		
	LSBORO BL LD BEACH,					
FEI Number	: 57-1185693	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)		
Name and	d Address o	f Current Registered Agent	: Name and Addres	Name and Address of New Registered Agent:		
321 E HILI	R, THEODOF LSBORO BL LD BEACH,	VD				
	e named enti e of Florida.	ty submits this statement for t	he purpose of changing its registe	ered office or registered agent, or both,		
SIGNATUI	RE:					
	Elect	ronic Signature of Registered	Agent	Date		
Election Car	mpaign Financ	cing Trust Fund Contribution ().				
OFFICER	S AND DIRI	ECTORS:	ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		() Delete RIAN SBORO BLVD BEACH, FL 33441	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:		() Delete MES BORO BLVD BEACH, FL 33441	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:		() Delete OBERT ILLSBORO BLVD. BEACH, FL 33441	Address: 321 EAS	(X) Change ()Addition R, THEODORE R T HILLSBORO BLVD. ELD BEACH, FL 33441		
Title:	V	(X) Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: THEODORE R. STOTZER V 04/29/2009