


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90043 021 ***150.00

DOCUMENT # P97000031241 1. Entity Name BEACHFRONT PROPERTIES OF BOCA GRANDE, INC.					
Principal Place of Business 2851 PLACIDA ROAD UNIT 11 ENGLEWOOD, FL 34224 US				Mailing Address 2851 PLACIDA ROAD UNIT 11 ENGLEWOOD, FL 34224 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0745456	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
O'CONNOR, KRISTIN 11570 BRIDLE PATH LANE PLACIDA, FL 33946			Name Street Address (P.O. Box Number is Not Acceptable) City		
			Zip Code FL		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOOGUE, LAWRENCE MR		NAME		
STREET ADDRESS	5000 GASPARILLA ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'CONNOR, KRISTIN		NAME		
STREET ADDRESS	1570 BRIDLE PATH LNAE		STREET ADDRESS		
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUETTIN, WILLIAM MR		NAME	Charles Harrison	
STREET ADDRESS	5000 GASPARILLA ROAD		STREET ADDRESS	5000 Gasparilla Rd	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	Boca Grande, FL 33921	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOD, MAURICE B MR		NAME	Vice President	
STREET ADDRESS	5000 GASPARILLA ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Kristin O'Connor Kristin O'Connor 3/25/2005 941-697-5924 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40059640



03102005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0745456

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'CONNOR, KRISTIN 11570 BRIDLE PATH LANE PLACIDA, FL 33946		Name Street Address (P.O. Box Number is Not Acceptable) City	
		Zip Code FL	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	------------------------------------

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOOGUE, LAWRENCE MR		NAME		
STREET ADDRESS	5000 GASPARILLA ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'CONNOR, KRISTIN		NAME		
STREET ADDRESS	1570 BRIDLE PATH LNAE		STREET ADDRESS		
CITY-ST-ZIP	PLACIDA, FL 33946		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUETTIN, WILLIAM MR		NAME	Charles Harrison	
STREET ADDRESS	5000 GASPARILLA ROAD		STREET ADDRESS	5000 Gasparilla Rd	
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP	Boca Grande, FL 33921	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOD, MAURICE B MR		NAME	Vice President	
STREET ADDRESS	5000 GASPARILLA ROAD		STREET ADDRESS		
CITY-ST-ZIP	BOCA GRANDE, FL 33921		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Kristin O'Connor **Kristin O'Connor** **3/25/2005** **941-697-5924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR