

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000031884 1. Entity Name BOCA GRANDE PARTNERS, INC.	
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Principal Place of Business 411 PARK AVE. BOCA GRANDE, FL 33921	Mailing Address P.O. BOX 1364 BOCA GRANDE, FL 33921
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03082006 No Chg. P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0911553	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEWART, CAROL 350 GASPARILLA ST. BOCA GRANDE, FL 33921
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

03/23/06-80015-023 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELVIN, ROBERT A IV 4120 SNAIL ISLAND CT, P.O BOX 1364 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOJCIK, RANDY 40 BONKER PLACE ROTONDA, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEWART, CAROL 350 GASPARILLA P.O BOX 1604 BOCA GRANDE, FL 33921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: Carol Stewart CAROL STEWART 3/17/06 941-964-5680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #