

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005474

Entity Name: BOCA GRANDE SEA TURTLE ASSOCIATION, INC.**Current Principal Place of Business:**1629 JEAN LAFITTE DR
P.O. BOX 478
BOCA GRANDE, FL 33921**Current Mailing Address:**PO BOX# 478
BOCA GRANDE, FL 33921 US**FEI Number:** 46-2965198**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCONNELL, CHARLES E
1629 JEAN LAFITTE DR
P.O. BOX 478
BOCA GRANDE, FL 33921 US*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.***SIGNATURE:** CHARLES E. MCCONNELL

07/15/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT, DIRECTOR
Name	HARVEY, GRACE
Address	PO BOX 966
City-State-Zip:	BOCA GRANDE FL 33921

Title	TREASURER, DIRECTOR
Name	MCCONNELL, CHARLES E
Address	PO BOX 478
City-State-Zip:	BOCA GRANDE FL 33921

Title	DIRECTOR, VP
Name	CSANK, MEL
Address	PO BOX 1521
City-State-Zip:	BOCA GRANDE FL 33921

Title	DIRECTOR
Name	KNAPP, KARL
Address	PO BOX# 2160
City-State-Zip:	BOCA GRANDE FL 33921

Title	DIRECTOR
Name	KNAPP, SHARON
Address	PO BOX 2160
City-State-Zip:	BOCA GRANDE FL 33921

Title	DIRECTOR
Name	BROWN, CATHY
Address	1629 JEAN LAFITTE DR
City-State-Zip:	BOCA GRANDE FL 33921

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES MCCONNELL**TREASURER**

07/15/2022

Electronic Signature of Signing Officer/Director Detail

Date