

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707505

FILED
Mar 09, 2009
Secretary of State

Entity Name: BOCA INLET APARTMENT ASSOCIATION INC. A CONDOMINIUM

Current Principal Place of Business:

701 E CAMINO REAL
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

701 E CAMINO REAL
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 59-1090182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, THOMAS
701 E CAMINO REAL
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: DURLING, WILLIAM
Address: 701 E CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432

Title: DS () Delete
Name: QUINN, PHYLLIS
Address: 701 E CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432

Title: DP () Delete
Name: FOSTER, THOMAS
Address: 701 E CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: HERSH, PAUL
Address: 701 EAST CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: SCHNABEL, SALLY
Address: 701 E CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: KREIG, MARY
Address: 701 EAST CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ONEIL, STEPHEN,
Address: 701 E CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432

Title: D,VP (X) Change () Addition
Name: KREIG, MARY
Address: 701 EAST CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432

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

SIGNATURE: THOMAS FOSTER

DP

03/09/2009

Electronic Signature of Signing Officer or Director

Date