

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90045 022 ****61.25

DOCUMENT # 710404

1. Entity Name

BOCA VERDE EAST CONDOMINIUM, INC.



Principal Place of Business

400 NE 20TH STREET
BOCA RATON FL 33431

Mailing Address

400 NE 20TH STREET
BOCA RATON FL 33431

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

59-1213398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

PETTIE, MARIE
400 NE 20TH ST., B-212
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **MARY FRANCES LITTLE**

Street Address (P.O. Box Number is Not Acceptable)

400 NE 20th ST

D114

City **BOCA RATON,**

FL

Zip Code **33431**

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 **MIF MARY FRANCES LITTLE**

M. Little

3-21-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MOULD, THOMAS**
STREET ADDRESS **400 NE 20TH ST 8210**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **TD** ☒ Delete
NAME **PETTIT, MARIE**
STREET ADDRESS **400 NE 20TH ST., B-212**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **V** ☐ Delete
NAME **BINGHAM, CARYL A**
STREET ADDRESS **400 NE 20TH ST 8210**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **VP** ☐ Delete
NAME **FOUSEK, LAWRENCE G**
STREET ADDRESS **400 NE 20TH ST**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **SD** ☐ Delete
NAME **CARVER, FRANCES S**
STREET ADDRESS **400 NE 20TH ST. C207**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MARY FRANCES LITTLE**
STREET ADDRESS **400 NE 20th St # D114**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 617, 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: **THOMAS MOULD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #