

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721427

FILED
Feb 11, 2009
Secretary of State

Entity Name: BOCA BAYOU CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

30 ROYAL PALM WAY
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

30 ROYAL PALM WAY
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 59-1354735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'ANNA, RONALD E
% MATTLIN & MCCLOSKEY
2300 GLADES ROAD, SUITE 400
BOCA RATON, FL 33431 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: T () Delete
Name: CALIENDO, SALVATORE
Address: 22 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

Title: SD () Delete
Name: WILSON, ROBERT
Address: 4 ROYAL PALM WAY #102
City-St-Zip: BOCA RATON, FL 33432

Title: VPD () Delete
Name: SULLIVAN, DONALD
Address: 22 ROYAL PALM WAY #401
City-St-Zip: BOCA RATON, FL 33432

Title: PD () Delete
Name: MCNEIL, PETER A
Address: 7 ROYAL PALM WAY #108
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: MIKLOS, GREGORY
Address: 6 ROYAL PALM WAY #101
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: HATTON, BETTY
Address: 27 ROYAL PALM WAY #504
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
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Address:
City-St-Zip:

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

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

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: PETER A. MCNEIL

PD

02/11/2009

Electronic Signature of Signing Officer or Director

Date