


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90844 013 \*\*\*\*61.25

DOCUMENT # 723984			
1. Entity Name BOCA PALMS, INC.			
Principal Place of Business 4350 NW 19TH AVENUE SUITE C POMPANO BEACH, FL 33064 US		Mailing Address P.O. BOX 97-0069 <del>SUITE 100</del> BOCA RATON, FL 33497-0069 US	
2. Principal Place of Business ; No P.O. Box # 778 South Military Trail		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Deerfield Beach FL		City & State	
Zip 33442		Country	
Country		Country	
4. FEI Number 59-1511931		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PALOMBI, GARY 4350 NW 19TH AVENUE SUITE C POMPANO BEACH, FL 33064		Name Street Address (P.O. Box Number is Not Acceptable) 778 South Military Trail City Deerfield Beach FL Zip Code 33442	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAPIA, VICTOR	NAME	
STREET ADDRESS	290 W PALMETTO PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, ARTHUR	NAME	
STREET ADDRESS	290 W PALMETTO PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROONEY, ALICE	NAME	
STREET ADDRESS	290 W PALMETTO PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARNANG, BECKY	NAME	
STREET ADDRESS	290 W PALMETTO PARK ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVIN, ANNE	NAME	Jenny HERNANDEZ
STREET ADDRESS	291 W PALMETTO PARK RD UNIT 504	STREET ADDRESS	290 W Palmetto Park Road #506
CITY-ST-ZIP	BOCA RATON, FL 33432	CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Agatha G LOUIS
STREET ADDRESS		STREET ADDRESS	290 W Palmetto Park Road #507
CITY-ST-ZIP		CITY-ST-ZIP	Boca Raton FL 33432
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 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: <u>Becky Harnang</u>		Secretary <u>4-26-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
Becky HARNANG			