2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State
02-16-2004 90036 048 ****70.00

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DOCUMENT # 728649

1. Entity Name
BOCA PINAR CONDOMINIUM ASSN., INC.

Principal Place of Business	Mailing Address
%~~COMMUNITY ASSOCIATION~~ SVCS., INC. 951 ~~BROKEN SOUND PKY.,~~ N.W., STE. 250 BOCA ~~RATON, FL 33487-3531~~	%COMMUNITY ASSOCIATION SVCS., INC. 951 BROKEN SOUND PKY., N.W., STE. 250 BOCA RATON, FL 33487-3531

01072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o Glen Management svcs inc	c/o Glen Management svcs inc.
Suite, Apt. #, etc. 301 W. Camino Gardens Blvd ste 201	Suite, Apt. #, etc. 301 W. Camino Gardens Blvd. ste 201
City & State Boca Raton, Fl	City & State Boca Raton FL
Zip 33432 Country Palm-Bch	Zip 33432 Country Palm Bch

4. FEI Number
59-1654172
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BUDD, GARY~~ ~~951 BROKEN SOUND PARKWAY # 250~~ ~~BOCA RATON, FL 33487~~	Name: Andy Glen Street Address (P.O. Box Number is Not Acceptable): 301 W. Camino Gardens Blvd ste 201 City: Boca Raton FL Zip Code: 33432

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: A. GLEN DATE: 1/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZEGERS, DENISE 4691 NW 2ND AVENUE #503 BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HAMILL, KATHLEEN 4761 NW 2ND AVENUE #311 BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JONES, RONALD 4791 NW 2ND AVENUE #202 BOCA RATON, FL 33431	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARTINETTI, LISA 4601 NW 2ND AVENUE #811 BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PESCHEL, DEBBIE 4631 NW 2ND AVE #702 BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Denise Zegers Denise Zegers 1-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #