2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 13, 2009 **DOCUMENT#728649** Secretary of State

Entity Name: BOCA PINAR CONDOMINIUM ASSN., INC.

Current Principal Place of Business: New Principal Place of Business:

% PRIME MANAGEMENT % FLORIDA ONE PROPERTY MANAGEMENT 6300 PARK OF COMMERCE BLVD 9825 MARINA BLVD SUITE 100

BOCA RATON, FL 33487 BOCA RATON, FL 33428

Current Mailing Address: New Mailing Address:

% PRIME MANAGEMENT % FLORIDA ONE PROPERTY MANAGEMENT

6300 PARK OF COMMERCE BLVD PO BOX 880269

BOCA RATON, FL 33487 BOCA RATON, FL 33488

FEI Number: 59-1654172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PRICE MANAGEMENT GROUP FLORIDA ONE PROPERTY MANAGEMENT

6300 PARK OF COMMERCE BLVD. 9825 MARINA BLVD

BOCA RATON, FL 33487 SUITE 100 BOCA RATON, FL 33428 US

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: JANE NAPSKY 08/13/2009

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **OFFICERS AND DIRECTORS:**

() Delete () Change () Addition

HAMILL, KATHLEEN Name: Name:

4761 NW 2ND AVENUE #311 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip:

Title: **PRES** () Delete Title: () Change () Addition

HONIO, SOPHIA Name: Name: Address: 4601 NW 2ND AVE #805 Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip:

Title: **TREA** () Delete Title: () Change () Addition

HARRISON, JOYCE Name: Name: Address: 4731 NW 2ND AVE Address: City-St-Zip: BOCA RATON, FL 33431 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: WILLIAM RUSSO **AGEN** 08/13/2009