


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90041 031 ****61.25

DOCUMENT # 753544

1. Entity Name
BOCA MARINA HOMEOWNERS ASSOCIATION, INC.



24040870



Principal Place of Business
98 SE 6TH AVE
STE 2
DELRAY BEACH, FL 33483

Mailing Address
98 SE 6TH AVE
STE 2
DELRAY BEACH, FL 33483 US

2. Principal Place of Business
3901 N. FEDERAL HWY
 Suite, Apt. #, etc.
STE 202

3. Mailing Address
3901 N. FEDERAL HWY
 Suite, Apt. #, etc.
STE 202

01302004 Chg-NP CR2E037 (10/03)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33431 Country
USA

Zip
33431 Country
USA

4. FEI Number
59-2174005

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JMD PROPERTIES
98 SE 6TH AVENUE
STE 2
DELRAY BCH, FL 33483

7. Name and Address of New Registered Agent

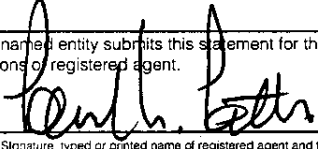
Name **PAUL N. PATTI, PRESIDENT**

Street Address (P.O. Box Number is Not Acceptable)
910 HAWK-EYE MGMT INC

3901 N. FEDERAL HWY, STE 202

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  **PAUL N. PATTI, PRESIDENT** DATE **2.10.2004**


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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAUL, DENNIS 5278 BOCA MARINA CIRCLE SOUTH BOCA RATON, FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STORCH, ROBERT 5248 BOCA MARINA CIRCLE SOUTH BOCA RATON, FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP  HEATZIG, BONNIE HEATZIG 5304 BOCA MARINA CIRCLE NORTH BOCA RATON, FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINO, FRANK 5300 BOCA MARINA CIRCLE NORTH BOCA RATON, FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENNAN, JUDY 5334 BOCA MARINA BOCA RATON, FL 33487 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **FRANK DINO PRES. 3/29/04 (561)-999-1240**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #