


2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 753544 1. Entity Name BOCA MARINA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3901 N FEDERAL HWY. STE. 202 BOCA RATON, FL 33431		Mailing Address 3901 N FEDERAL HWY. STE. 202 BOCA RATON, FL 33431 US	
2. Principal Place of Business 1903 S. Congress Ave Suite, Apt. #, etc. 160		3. Mailing Address Suite, Apt. #, etc. <i>Same</i>	
City & State Boynton Beach FL		City & State <i>Same</i>	
Zip 33426	Country USA	Zip <i>Same</i>	Country <i>Same</i>
4. FEI Number 59-2174005		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTI, PAUL N PRES C/O HAWK-EYE MGMT., INC. 3901 N FEDERAL HWY., STE. 202 BOCA RATON, FL 33431			
7. Name and Address of New Registered Agent First Source Management, Inc. 1903 S Congress Ave Suite 160 Boynton Beach, FL 33426			
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: <i>John W. Luciani</i> C.E.O. First Source Management Inc. 9/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		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 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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 2VP HEATZIG, BONNIE 5304 BOCA MARINA CIRCLE NORTH BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400041317574 09/24/04 01027 004 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	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: <i>Judy Brennan</i> Judy Brennan 8/20/04 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			

FILED
04 SEP 21 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

