


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90100 014 ****61.25

DOCUMENT # 753544
 1. Entity Name
 BOCA MARINA HOMEOWNERS ASSOCIATION, INC.




Principal Place of Business
 1903 S. CONGRESS AVENUE, #160
 BOYNTON BEACH, FL 33426

Mailing Address
 1903 S. CONGRESS AVENUE, #160
 BOYNTON BEACH, FL 33426

First Source Management, Inc
 3200 N Federal Hwy #121
 Boca Raton, FL 33431

First Source Management, Inc
 3200 N Federal Hwy #121
 Boca Raton, FL 33431

4000-



01092006 Chg-NP CR2E037 (11/05)

1. 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

FIRST SOURCE MANAGEMENT, INC.
 1903 S. CONGRESS AVENUE
 SUITE 160
 BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

First Source Management, Inc
 3200 N Federal Hwy #121
 Boca Raton, FL 33431

Zip Code

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 _____

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, 2006

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	T PAUL, DENNIS 5278 BOCA MARINA CIRCLE SOUTH 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	S STORCH, ROBERT 5248 BOCA MARINA CIRCLE SOUTH 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	2VP HEATZIG, BONNIE 5304 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	PD DINO, FRANK 5300 BOCA MARINA CIRCLE NORTH BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 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 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: *Denris A Paul* **DATE:** 1/25/06 **DAYTIME PHONE #:** 239-2770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR