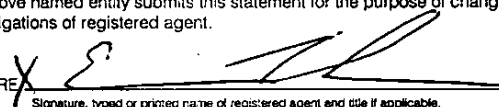


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90113 047 ****61.25

DOCUMENT # 763362 1. Entity Name BOCA GROVE PLANTATION PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 21351 WHITAKER DRIVE BOCA RATON, FL 33433			Mailing Address 21351 WHITAKER DRIVE BOCA RATON, FL 33433		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2197321	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEHNER, EMERSON CHUCK BOCA GROVE GOLF AND TENNIS CLUB 21351 WHITAKER DRIVE BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE  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, 2005		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	P FURR, ROBERT 21351 WHITAKER DR. BOCA RATON, FL 33433	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIERCE, DOROTHY 21351 WHITAKER DR BOCA RATON FL 33433	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHNOLL, HOWARD 21351 WHITAKER DR BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2NDVP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP GROTSKY, HARVEY 21351 WHITAKER DR. BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, STEIN 21351 WHITAKER DR BOCA RATON, FL 33433	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVERMAN, JAN 21351 WHITAKER DR BOCA RATON FL 33433	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP ABEND, RON 21351 WHITAKER DR BOCA RATON, FL 33433	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1STVP FLEISCHER HENRY 21351 WHITAKER DR BOCA RATON FL 33433	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMPOLIS KEITH 21351 WHITAKER DR BOCA RATON FL 33433	☐ 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 3-28-05 Daytime Phone # 561-487-5300					

ATTACHMENT

D

MANZOTTI, DAVID

21351 WHITAKER DR

BOCA RATON FL 33433

40048604

#763362

D

KRAMER, SAUL

21351 WHITAKER DR

BOCA RATON FL 33433

D

SIMON, BURTON

21351 WHITAKER DR

BOCA RATON FL 33433