


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90019 042 \*\*\*\*61.25

<b>DOCUMENT # N07000007108</b>					
1. Entity Name BOCA VILLAGE CORPORATE CENTER II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE SUITE 100 COCONUT CREEK, FL 33073			Mailing Address 6820 LYONS TECHNOLOGY CIRCLE SUITE 100 COCONUT CREEK, FL 33073		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>26-2948775</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DESIDERIO, PETER L 6820 LYONS TECHNOLOGY CIRCLE SUITE 100 COCONUT CREEK, FL 33073			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANTENUCCI, JR, ALBO J		NAME		
STREET ADDRESS	6820 LYONS TECHNOLOGY CIRCLE SUITE 100		STREET ADDRESS		
CITY - ST - ZIP	COCONUT CREEK, FL 33073		CITY - ST - ZIP		
TITLE	DVPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIEGEL, NED		NAME		
STREET ADDRESS	6820 LYONS TECHNOLOGY CIRCLE SUITE 100		STREET ADDRESS		
CITY - ST - ZIP	COCONUT CREEK, FL 33073		CITY - ST - ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUTTERS, MALCOLM		NAME		
STREET ADDRESS	6820 LYONS TECHNOLOGY CIRCLE SUITE 100		STREET ADDRESS		
CITY - ST - ZIP	COCONUT CREEK, FL 33073		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: _____ DATE: _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>					

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