

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007108

FILED
Apr 28, 2009
Secretary of State

Entity Name: BOCA VILLAGE CORPORATE CENTER II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6820 LYONS TECHNOLOGY CIRCLE SUITE 100
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6820 LYONS TECHNOLOGY CIRCLE SUITE 100
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 26-2948775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESIDERIO, PETER L
6820 LYONS TECHNOLOGY CIRCLE SUITE 100
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANTENUCCI, JR, ALBO J
Address: 6820 LYONS TECHNOLOGY CIRCLE SUITE 100
City-St-Zip: COCONUT CREEK, FL 33073

Title: DVPT () Delete
Name: SIEGEL, NED
Address: 6820 LYONS TECHNOLOGY CIRCLE SUITE 100
City-St-Zip: COCONUT CREEK, FL 33073

Title: DS () Delete
Name: BUTTERS, MALCOLM
Address: 6820 LYONS TECHNOLOGY CIRCLE SUITE 100
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MALCOLM BUTTERS

DS

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date