


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N11711 1. Entity Name TRENDS AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business c/o Exclusive Property Management 1280 S.W. 36 Ave., Suite 301 Pompano Beach, FL 33069		Mailing Address SAME AS ABOVE			
2. Principal Place of Business Suite, Apt. #, etc. Same as above		3. Mailing Address Suite, Apt. #, etc. SAME AS ABOVE			
City & State		City & State		4. FEI Number 59-2779799 59-2670299	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSO, WILLIAM 7660 NO STATE RD 7 #4 COCONUT CREEK, FL 33073				7. Name and Address of New Registered Agent Name Kathleen Jenkins Street Address (P.O. Box Number is Not Acceptable) Exclusive Property Management 1280 S.W. 36 Ave., Suite 301 City Pompano Beach FL Zip Code 33069	
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>Kathleen S. Jenkins</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <u>12/6/15</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		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	PD FERNANDEZ, IRENE 22988 OLD INLET BRDGE DR BOCA RATON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD William Long 22925 Old Inlet Bridge Drive Boca Raton, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEISS, HELEN 8581 TEEBERRY LANE BOCA RATON, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jason Napsky 8575 Dynasty Drive Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAZIOSO, ROBERT 22980 FLORALWOOD LN BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Irene Fernandez 22988 Old Inlet Bridge Drive Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAPSKY, JASON 8575 DYNASTY DR BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Helen Weiss 8581 Teeberry Lane Boca Raton, FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMBUCO, ANGIE 23035 SUNFIELD DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diana Acosta 22331 Sands Point Drive Boca Raton, FL 33433	<input type="checkbox"/> Change <input checked="" 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>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <u>12/06/15</u> <small>Date</small>	

FILED

05 DEC 15 PM 4:03

FLORIDA DEPARTMENT OF STATE
 5000 G. W. PENN
 12/15/05--01048--004 **236.25



12062005 REIN-NP CR2E099 (6/04)

4. FEI Number Applied For
59-2779799 59-2670299 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILE NOW!!! FEE IS \$61.25
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

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SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 12/06/15
Date Daytime Phone #