

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90222 002 ****61.25

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 US			Mailing Address C/O EXCLUSIVE PROPERTY MANAGEMENT 1280 S.W. 36 AVE., SUITE 301 POMPANO BEACH, FL 33069 US		
2. Principal Place of Business - No P.O. Box # <i>Pointe Management</i> Suite, Apt. #, etc. <i>75 NE 6th Ave # 206</i>		3. Mailing Address Suite, Apt. #, etc.		04202007 Chg-NP CR2E037 (12/06)	
City & State <i>Delray Beach, FL</i>		City & State		4. FEI Number 59-2670299 Applied For Not Applicable	
Zip <i>33483</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENKINS, KATHLEEN EXCLUSIVE PROPERTY MANAGEMENT 1280 S.W. 36 AVE., SUITE 301 POMPANO BEACH, FL 33069			7. Name and Address of New Registered Agent Name <i>Eric Estebanez</i> Street Address (P.O. Box Number is Not Acceptable) <i>75 NE 6th Ave # 206</i> City <i>Delray Beach</i> FL Zip Code <i>33483</i>		
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LONG, WILLIAM	NAME	<i>Jim Hollingsworth</i>		
STREET ADDRESS	22925 OLD INLET BRIDGE DRIVE	STREET ADDRESS	<i>23083 Sunfield Drive</i>		
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	<i>Boca Raton, FL 33433</i>		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANSEN, LESDIA	NAME	<i>[Signature]</i>		
STREET ADDRESS	22200 SANDS POINT DR	STREET ADDRESS	<i>[Signature]</i>		
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	<i>[Signature]</i>		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARLOUGH, ROBERT	NAME			
STREET ADDRESS	22310 SANDS POINT DR	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, GARY	NAME			
STREET ADDRESS	22231 SANDS POINT DR	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAMBUCCO, ANGIE	NAME			
STREET ADDRESS	23035 SUNFIELD DR	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ACOSTA, DIANE	NAME			
STREET ADDRESS	22331 SANDS POINT DR	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33433	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: <i>[Signature]</i> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
(Date) _____ (Daytime Phone #) _____					