

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90016 012 ****61.25

DOCUMENT # N12016 1. Entity Name BOCA LANDINGS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9400 LAKERIDGE BLVD BOCA RATON, FL 33496 US			Mailing Address QUALITY MANAGEMENT 9045 LOU FONTANA B1 #101 BOCA RATON, FL 33434 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9045 La Fontana Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 101			
City & State		City & State Boca Raton, FL		4. FEI Number 59-2652809	
Zip 33434	Country USA	5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CAPLAN, LOUIS %SACHS & SAX 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent -		
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.			Name		
SIGNATURE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			Street Address (P.O. Box Number is Not Acceptable)		
DATE: _____			City		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			\$8.75 Additional Fee Required		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHENEVERT, FRED 9915 ROBINS NEST ROAD BOCA RATON, FL 33496 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRACE, CHARLES 9648 TAVERNIER DR BOCA RATON, FL 33496 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOSHETZ, BERNIE 18891 LA COSTA LN BOCA RATON, FL 33496 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, JOHN 18708 SHAUNA MANOR BOCA RATON, FL 33496 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWDER, CHAD 9392 LAKE SERENA DR BOCA RATON, FL 33496 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVER, JERRY 9940 ROBIN NEST RD BOCA RATON, FL 33496 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Fred Chenevert</u> 1/22/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					