


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90091 040 \*\*\*\*61.25

**DOCUMENT # N13107**  
 1. Entity Name  
**THE VILLAGE AT BOCA RIO HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**8170 BOCA RIO DRIVE  
 BOCA RATON, FL 33433**

Mailing Address  
**8170 BOCA RIO DRIVE  
 BOCA RATON, FL 33433**

**50021911**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-2674238**

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**TRIDENT PROPERTIES MANAGEMENT  
 1000 HOLLAND DR 5  
 STE 3150  
 BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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  Delete  
 NAME **P BARR, STEVEN**  
 STREET ADDRESS **8281 BOCA RIO DRIVE**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T NAOMI, BLITZ**  
 STREET ADDRESS **8270 BOCA RIO DRIVE**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE  Change  Addition  
 NAME **T ANDERSON, JANE**  
 STREET ADDRESS **8175 BOCA RIO DR.**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE  Delete  
 NAME **D JEFFERY, RUTH**  
 STREET ADDRESS **8279 BOCA RIO DRIVE**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE  Change  Addition  
 NAME **D ROTH, JEFF**  
 STREET ADDRESS **8279 BOCA RIO DR.**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE  Delete  
 NAME **D MYNICK, MANDY**  
 STREET ADDRESS **8564 BOCA RIO DRIVE**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D COHEN, LORETTA**  
 STREET ADDRESS **8483 BOCA RIO DRIVE**  
 CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** Steven Barr  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/05 9547527911  
 Date Daytime Phone #

**STEVEN BARR**