


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90029 011 ****61.25

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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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2674238	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRIDENT PROPERTIES MANAGEMENT 1000 HOLLAND DR <i>2</i> STE 3150 BOCA RATON, FL 33487			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>					
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	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUVA, STUART		NAME	<i>McCracken, E</i>	
STREET ADDRESS	8029 BOCA RIO DR		STREET ADDRESS	<i>8155 Boca Rio Drive</i>	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	<i>Boca Raton, FL 33433</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, RICHARD		NAME		
STREET ADDRESS	8127 BOCA RIO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, JEFF		NAME	<i>Robt. Jeff</i>	
STREET ADDRESS	8279 BOCA RIO DRIVE		STREET ADDRESS	<i>8279 Boca Rio Drive</i>	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	<i>Boca Raton, FL 33433</i>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYNICK, MANDY		NAME	<i>WYNICK MANDY</i>	
STREET ADDRESS	8564 BOCA RIO DRIVE		STREET ADDRESS	<i>8564 BOCA RIO DR</i>	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	<i>BOCA RATON FL 33433</i>	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, LORETTA		NAME		
STREET ADDRESS	8483 BOCA RIO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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>Mandy Wynnck</i>		MANDY WYNNICK		2/12/07 561-487-3220	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	