


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90022 024 ****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 | | | |
| 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 | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| TRIDENT PROPERTIES MANAGEMENT 1000 HOLLAND DR 2 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 _____ | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | D | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCCRACKEN, E | | NAME | ADAM BOYAR | |
| STREET ADDRESS | 8155 BOCA RIO DRIVE | | STREET ADDRESS | 8030 BOCA RIO DR | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BERNSTEIN, RICHARD | | NAME | LEE WILLOCKS | |
| STREET ADDRESS | 8127 BOCA RIO DRIVE | | STREET ADDRESS | 8517 BOCA RIO DR | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | BOCA RATON, FL 33433 | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROTH, JEFF | | NAME | | |
| STREET ADDRESS | 8279 BOCA RIO DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WYNICK, MANDY | | NAME | | |
| STREET ADDRESS | 8564 BOCA RIO DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33433 | | CITY-ST-ZIP | | |
| 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>Loretta Cohen</i> | | Date | | Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |