

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13107

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: THE VILLAGE AT BOCA RIO HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

8170 BOCA RIO DRIVE  
BOCA RATON, FL 33433

## New Principal Place of Business:

1000 HOLLAND DRIVE  
SUITE 2  
BOCA RATON, FL 33487 US

## Current Mailing Address:

8170 BOCA RIO DRIVE  
BOCA RATON, FL 33433

## New Mailing Address:

1000 HOLLAND DRIVE  
SUITE 2  
BOCA RATON, FL 33487 US

FEI Number: 59-2674238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRIDENT PROPERTIES MANAGEMENT  
1000 HOLLAND DR 2  
STE 3150  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

TRIDENT PROPERTIES MANAGEMENT  
1000 HOLLAND DRIVE  
STE 2  
BOCA RATON, FL 33487 US

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.

SIGNATURE: \_\_\_\_\_

04/10/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BERNSTEIN, RICHARD  
Address: 8127 BOCA RIO DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete  
Name: WILLOCKS, LEE  
Address: 8517 BOCARIO DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: T ( ) Delete  
Name: WYNICK, MANDY  
Address: 8564 BOCA RIO DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: S ( ) Delete  
Name: COHEN, LORETTA  
Address: 8483 BOCA RIO DRIVE  
City-St-Zip: BOCA RATON, FL 33433

Title: P ( ) Delete  
Name: BOYAR, ADAM  
Address: 8030 BOCA RIO DRIVE  
City-St-Zip: BOCA RATON, FL 33433

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILCOX, JOHN  
Address: 8037 BOCA RIO DRIVE  
City-St-Zip: BOCA RATON, FL 33433 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM BOYAR

P

04/10/2009

Electronic Signature of Signing Officer or Director

Date