


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N19079	
1. Entity Name THE POINT AT BOCA WEST ASSOCIATION, INC.	

Principal Place of Business C/O LANG MANAGEMENT, INC. 21045 COMMERCIAL TREAL BOCA RATON, FL 33486 US	Mailing Address C/O LANG MANAGEMENT, INC. 21045 COMMERCIAL TREAL BOCA RATON, FL 33486 US
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01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2067843	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LANG MANAGEMENT CO. INC 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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
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100000616796
02/07/07-80044-010 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPRING, RICHARD 20572 LINKS CIRCLE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BALL, RENE 20583 LINKSVIEW CIR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHELDON, SISKIN 6858 WOODBRIDGE DR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERLMAN, ARLENE 20567 LINKSVIEW CIRCLE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRIED, NANCY 20621 LINKSVIEW CIR BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **1-26-07** **5618899275**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #