
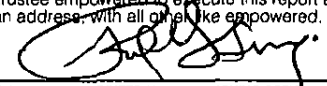


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N19070</b>			
1. Entity Name <b>THE POINTE AT BOCA WEST ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O LANG MANAGEMENT, INC. 21045 COMMERCIAL TREAIL BOCA RATON, FL 33486 US</b>		Mailing Address <b>C/O LANG MANAGEMENT, INC. 21045 COMMERCIAL TREAIL BOCA RATON, FL 33486 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LANG MANAGEMENT CO. INC 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRING, RICHARD	NAME	
STREET ADDRESS	20572 LINKS CIRCLE	STREET ADDRESS	U00000893022
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP	04/23/08-80088-016 70.00
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALL, RENE	NAME	
STREET ADDRESS	20583 LINKSVIEW CIR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON, SISKIN	NAME	
STREET ADDRESS	6858 WOODBRIDGE DR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMAN, ARLENE	NAME	
STREET ADDRESS	20567 LINKSVIEW CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIED, NANCY	NAME	
STREET ADDRESS	20621 LINKSVIEW CIR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33434	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.			
<b>SIGNATURE:</b> 		4-3-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		<small>Daytime Phone #</small>	