

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N19079

Entity Name: THE POINTE AT BOCA WEST ASSOCIATION, INC.

Current Principal Place of Business:

C/O LANG MANAGEMENT, INC.
21045 COMMERCIAL TREAL
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

C/O LANG MANAGEMENT, INC.
21045 COMMERCIAL TREAL
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 59-2067843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANG MANAGEMENT CO. INC
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPRING, RICHARD
Address: 20572 LINKS CIRCLE
City-St-Zip: BOCA RATON, FL

Title: SD () Delete
Name: BALL, RENE
Address: 20583 LINKSVIEW CIR
City-St-Zip: BOCA RATON, FL

Title: TD () Delete
Name: SHELDON, SISKIN
Address: 6858 WOODBRIDGE DR
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: PERLMAN, ARLENE
Address: 20567 LINKSVIEW CIRCLE
City-St-Zip: BOCA RATON, FL 33434

Title: VPD () Delete
Name: FRIED, NANCY
Address: 20621 LINKSVIEW CIR
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: RICHARD SPRING

PD

03/27/2009

Electronic Signature of Signing Officer or Director

_____ Date