

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 10 PM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23337
 1. Entity Name
 BOCA BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 CAPITAL REALTY ADVISORS
 600 SANDTREE DRIVE, STE 109
 PALM BEACH GARDENS, FL 33403 US

Mailing Address
 CAPITAL REALTY ADVISORS
 600 SANDTREE DRIVE, STE 109
 PALM BEACH GARDENS, FL 33403 US



11/20/07 01007 003 61.25
 12072007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #
 Allied Property Management Group
 Suite, Apt. #, etc.
 745 US Highway One Suite 209
 City & State
 N. Palm Beach, FL 3

3. Mailing Address
 Suite, Apt. #, etc.
 P.O. Box 22674
 City & State
 West Palm Beach, FL

City & State
 N. Palm Beach, FL 3
 Zip
 33408
 Country

City & State
 West Palm Beach, FL
 Zip
 33422
 Country

4. FEI Number
 65-0021705
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCDONALD, DONNA
 C/O CAPITAL REALTY ADVISORS, INC
 600 SANDTREE DRIVE, STE 109
 PALM BEACH GARDENS, FL 33403

7. Name and Address of New Registered Agent
 Name
 Allied Property Management Group Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 745 US Highway One Suite 209
 City
 N. Palm Beach FL Zip Code
 33408

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 Ronald C. Simmons Allied Property Management Group Inc. 12/7/2007
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOTTLIEB, JAMES	
STREET ADDRESS	9703 WEST LAKE COURT	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMEJKAL, ANDREW	
STREET ADDRESS	9561 CAROUSEL CIRCLE EAST	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BURNS, WENDY	
STREET ADDRESS	9600 EAST LAKE DR	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LIVINGSTON, GRACE	
STREET ADDRESS	9704 W LAKE CT	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HEIDEGER, CORY	
STREET ADDRESS	9695 WEST LAKE CT	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAZEJEWSKI, DONALD	
STREET ADDRESS	9645 CAROUSEL CIRCLE NORTH	
CITY-ST-ZIP	BOCA RATON, FL 33434	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martinez, Maria	
STREET ADDRESS	9501 Carousell Circle East	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smejkal, Andrew	
STREET ADDRESS	9561 Carousell Circle East	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kartovsky, John	
STREET ADDRESS	9537 Carousell Circle East	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Trifunovic, Mladen	
STREET ADDRESS	9693 Carousell Circle North	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, CORY	
STREET ADDRESS	9695 West Lake Court	
CITY-ST-ZIP	Boca Raton, FL 33434	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAZEJEWSKI, DONALD	
STREET ADDRESS	9645 Carousell Circle North	
CITY-ST-ZIP	Boca Raton, FL 33434	

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: Grace Livingston President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 GRACE LIVINGSTON

Date: 12/7/07 (561) 214-4517 ext 102
 Daytime Phone #

12/13/07