


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90005 020 \*\*\*\*61.25

**DOCUMENT # N34137**

1. Entity Name  
 BOCA SPRINGS ASSOCIATION, INC.



Principal Place of Business  
 1051 SOUTH ROGERS CIRCLE  
 BOCA RATON, FL 33487

Mailing Address  
 PRIME MGMT  
 6300 PARK OF COMMERCE  
 BOCA RATON, FL 33487 US

**54021531**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03032004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
 65-0163218

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

SWATT, MYRON  
 6300 PARK OF COMMERCE BLVD  
 BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CIRILLO, TONY	
STREET ADDRESS	10064 COUNTRY BROOK RD.	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LATOPOLSKI, STAN	
STREET ADDRESS	100005 COUNTRY BROOK RD	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARCHETTI, AL	
STREET ADDRESS	10420 SUNSTREAM LANE	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOUDREAUX, JOHN	
STREET ADDRESS	10381 BOER SPRINGS DR.	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMAIN, DOUG	
STREET ADDRESS	10273 BOCA SPRIGS DR	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	STONELAKE, RAY	
STREET ADDRESS	10404 SUNSTREAM LANE	
CITY-ST-ZIP	BOCA RATON, FL 33428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_ **3/19/04** **561-**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #