


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

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90034 020 \*\*\*\*61.25

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<b>DOCUMENT # N38622</b>			
1. Entity Name BOCA QUAY HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O TRIDENT PROPERTIES MANAGEMENT 1000 HOLLAND DR., #12 BOCA RATON, FL 33487		Mailing Address C/O TRIDENT PROPERTIES MANAGEMENT 1000 HOLLAND DR., #12 BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite/Apt. #, etc. <u>#2</u>		Suite/Apt. #, etc. <u>#2</u>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0331643		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
TUCKER & TIGHE P.A. 800 E. BROWARD BLVD. STE. 710 FT. LAUDERDALE, FL 33301		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 _____ (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	
		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARUSO, ROBERTA 916 E JEFFERY STREET BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, John 856 E. Jeffery Street Boca Raton FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAVALLESE, ANGELA 864 E JEFFERY STREET BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Milo, Tom 892 E. Jeffery Street Boca Raton FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACCORMACK, CLAIRE 934 JEFFERY ST. BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Williams, John 856 Jeffery St. Boca Raton, FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARAZINO, JOYCE 862 JEFFERY STREET MARAZINO, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARINO, KATHY 996 JEFFERY ST BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Kathy Marino</u> Kathy Marino		Date: <u>3/8/07</u>	Daytime Phone #: <u>(561) 994-5850</u>