


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90209 044 ****61.25

| | | | | | |
|--|-------------------------|--|---|---|--|
| DOCUMENT # N9400000237 | | | |  | |
| 1. Entity Name BOCA ISLES SOUTH PROPERTY OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 19951 OCEAN KEY DRIVE BOCA RATON, FL 33498 US | | | Mailing Address 19951 OCEAN KEY DRIVE BOCA RATON, FL 33498 US | | |
| 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 |
| 4. FEI Number 65-0542783 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CAPLAN, LOUIS 301 YAMATO TRUST PLAZA STE 4150 BOCA RATON, FL 33431 | | | Name <i>Becker & Poliakoff</i> Street Address (P.O. Box Number is Not Acceptable) <i>One Boca Place</i> <i>2255 Glades Road, Suite 300E</i> City <i>Boca Raton</i> FL Zip Code <i>33431</i> | | |
| 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, 2008 | | 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | Frank Mascetti VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SHREN, ALAN | | NAME | 19574 Dinner Key Dr. | |
| STREET ADDRESS | 20292 OCEAN KEY DRIVE | | STREET ADDRESS | Boca Raton, FL 33498 | |
| CITY-ST-ZIP | BOCA RATON, FL 33498 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | Ted Goodwin D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LUNA, RAMON | | NAME | 10570 East Key Dr | |
| STREET ADDRESS | 19718 DINNER KEY DRIVE | | STREET ADDRESS | Boca Raton FL 33498 | |
| CITY-ST-ZIP | BOCA RATON, FL 33498 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | EVAN MAROWITZ D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KALBAUGH, STEVEN | | NAME | 19880 Dinner Key Dr. | |
| STREET ADDRESS | 20088 PALM ISLAND DRIVE | | STREET ADDRESS | Boca Raton, FL 33498 | |
| CITY-ST-ZIP | BOCA RATON, FL 33498 | | CITY-ST-ZIP | | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HANKLIK, DON | | NAME | | |
| STREET ADDRESS | 20058 PALM ISLAND DRIE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33498 | | CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BENARDI, CHARLES | | NAME | | |
| STREET ADDRESS | 20112 PALM ISLAND DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33498 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRIEDMAN, JACK | | NAME | | |
| STREET ADDRESS | 19628 BISCAYNE BAY DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33498 | | 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. | | | | | |
| SIGNATURE: <i>[Signature]</i> | | | Date: <i>2-26-08</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | |
| | | | Daytime Phone # | | |

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