

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000237

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: BOCA ISLES SOUTH PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

19951 OCEAN KEY DRIVE  
BOCA RATON, FL 33498 US

**New Principal Place of Business:**

**Current Mailing Address:**

19951 OCEAN KEY DRIVE  
BOCA RATON, FL 33498 US

**New Mailing Address:**

FEI Number: 65-0542783      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

POLIAKOFF, BECKER  
ONE BOCA PLACE  
2255 GLADES ROAD, SUITE 300E  
BOCA RATON, FL 33431 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: D ( ) Delete  
Name: SHREN, ALAN  
Address: 20292 OCEAN KEY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: T ( ) Delete  
Name: LUNA, RAMON  
Address: 19718 DINNER KEY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: P ( ) Delete  
Name: KALBAUGH, STEVEN  
Address: 20088 PALM ISLAND DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: VP ( ) Delete  
Name: MASCETTI, FRANK  
Address: 19574 DINNER KEY DR.  
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete  
Name: GOODWIN, TED  
Address: 10570 EAST KEY DR.  
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete  
Name: FRIEDMAN, JACK  
Address: 19628 BISCAYNE BAY DR  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SHREM, ALLAN  
Address: 20292 OCEAN KEY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

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: STEVEN KALBAUGH

P

03/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date