


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90358 048 \*\*\*\*61.25

<b>DOCUMENT # N04415</b> 1. Entity Name <b>BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BOULEVARD BOCA RATON, FL 33487 US</b>			Mailing Address <b>C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BOULEVARD BOCA RATON, FL 33487 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-2475800</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COMMUNITY ASSOCIATION SERVICES 951 BROKEN SOUND PARKWAY BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	STD <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAVIS, RICHARD		NAME	DELIVIGRI, RALPH	
STREET ADDRESS	9621 TRITON CT.		STREET ADDRESS	9648 TRITON COURT	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	ASTD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDONALD, PRESTON		NAME		
STREET ADDRESS	9960 MAJORCA PLACE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAZZARELLA, LOUIS		NAME		
STREET ADDRESS	19848 VILLA MEDICI		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIMBERT, STUART		NAME	AMY HARWOOD	
STREET ADDRESS	9960 MAJORCA PLACE		STREET ADDRESS	19960 VILLA MEDICI	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SMITH, STEVE	
STREET ADDRESS			STREET ADDRESS	9960 MAJORCA PLACE	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SHEPARD, CLIFF	
STREET ADDRESS			STREET ADDRESS	9629 TRIVOLI PLACE	
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <u>Louis Mazzarella - President</u> <span style="float: right;">4-7-06</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Devoice Phone #</small>					