2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State
07-25-2006 90028 002 ****61.25

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1. Entity Name
BOCA RANCHO HOMEOWNERS ASSOCIATION, INC.

50023110

Principal Place of Business	Mailing Address
CAS MANAGEMENT 950 BROKEN SOUND PKWY STE 250 BOCA RATON, FL 33487 US	CAS MANAGEMENT 951 BROKEN SOUND PKWY STE 250 BOCA RASTON, FL 33487 US

07182006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1917659 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MESSINGER, JOEL 951 BROKEN SOUND PKWY STE 250 BOCA RATON, FL 33487	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 September 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAVEZOLI, JIM 22176-A BOCA RANCHO DR. BOCA RATON, FL 33428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIGILIO, JOSEPH 22224 B BOCA RANCHO DR BOCA RATON, FL 33428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FLORENZA, ANGELO 22180 D BICA RANCHO DR. BOCA RATON, FL 33428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MARCH, MARION 22216 D BOCA RANCHO DR. BOCA RATON, FL 33428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COPPOLA, CAROL 22169-D BOCA RANCHO DR BOCA RATON, FL 33428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOFFER, CHRISTINE 22232 A BOCA RANCHO DR BOCA RATON, FL 33428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DIGILIO, JOSEPH 22224-B BOCA RANCHO DR BOCA RATON, FL 33428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAUB, JARED 22200 B BOCA RANCHO DR. BOCA RATON, FL 33428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] SD 7/18/06 561 994 1788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #