

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90080 050 \*\*\*\*61.25

<b>DOCUMENT # 753632</b> 1. Entity Name <b>NEW FLORESTA HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O MITCHELL MANAGEMENT</b> <b>2081 NW 25TH STREET</b> <b>BOCA RATON, FL 33431 US</b>			Mailing Address <b>C/O MITCHELL MANAGEMENT</b> <b>2081 NW 25TH STREET</b> <b>BOCA RATON, FL 33431 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-2746794</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>GELFAND, MICHAEL J., ESQ.</b> <b>250 AUSTRALIAN AVE. S., SUITE 1010</b> <b>WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent 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 _____					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<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 <b>SOUZA, TOM</b> <b>2940 NW 29TH AVE</b> <b>BOCA RATON, FL 33434</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Doug Hammer</b> <b>2940 NW 28th Terrace</b> <b>Boca Raton FL 33434</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BEAN, KEVIN</b> <b>2825 NW 28TH ST</b> <b>BOCA RATON, FL 33434</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Paul Oetzman</b> <b>2720 NW 28th Terrace</b> <b>Boca Raton FL 33434</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>LEVY, ANDREW</b> <b>2769 NW 27TH AVE</b> <b>BOCA RATON, FL 33434</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>Pat Campolo</b> <b>2890 NW 28th Terrace</b> <b>Boca Raton FL 33434</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>GAUSE, STAN</b> <b>2890 NW 29TH AVE</b> <b>BOCA RATON, FL 33434</b>	<input checked="" 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	TD <b>CARROLL, KEVIN</b> <b>2685 NW 27TH AVE</b> <b>BOCA RATON, FL 33434</b>	<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	VD <b>DUFFEY, CHRIS</b> <b>2911 NW 29TH AVE</b> <b>BOCA RATON, FL 33434</b>	<input checked="" 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.					
<b>SIGNATURE:</b> <b>Kevin M. Carroll</b> <b>3/10/07 (SG) 2891095</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					