
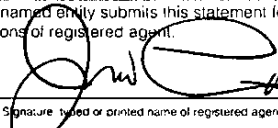
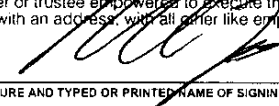


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-09-2007 90085 023 ****61.25

DOCUMENT # N04415 1. Entity Name BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BOULEVARD BOCA RATON, FL 33487 US <i>C/O FIRST SOURCE MGMT</i>			Mailing Address C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BOULEVARD BOCA RATON, FL 33487 US <i>C/O FIRST SOURCE MGMT</i>		
2. Principal Place of Business - No P.O. Box # 3200 N. FEDERAL HWY		3. Mailing Address 3200 N. FEDERAL HWY			
Suite, Apt. #, etc. STE 121		Suite, Apt. #, etc. STE 121			
City & State BOCA RATON FL		City & State BOCA RATON FL			
Zip 33431		Country USA		4. FEI Number 59-2475800	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COMMUNITY ASSOCIATION SERVICES 951 BROKEN SOUND PARKWAY BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name FIRST SOURCE MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) 3200 N. FEDERAL HIGHWAY STE 121 City BOCA RATON FL Zip Code 33431		
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  FIRST SOURCE MANAGEMENT, INC. 3/22/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D OLIVIERI, RALPH <input type="checkbox"/> Delete 9648 TRITON COURT BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D.S ROBERT ZEIGEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9748 COURT OF THE OAKS BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD <input checked="" type="checkbox"/> Delete MCDONALD, PRESTON 9960 MAJORCA PLACE BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete MAZZARELLA, LOUIS 19848 VILLA MEDICI BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HARWOOD, AMY 19961 VILLA MEDICI BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMITH, STEVE 9960 MAJORCA PLACE BOCA RATON, FL 33434		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SHEPARD, CLIFF 9629 TRIVOLI PLACE BOCA RATON, FL 33434		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.					
SIGNATURE:  ROBERT ZEIGEN, Sec'y 2/7/07 (561) 994-5050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

90009007



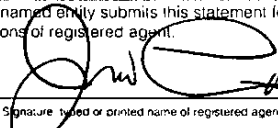
01092007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name **FIRST SOURCE MANAGEMENT INC.**
 Street Address (P.O. Box Number is Not Acceptable)
3200 N. FEDERAL HIGHWAY
STE 121
 City **BOCA RATON FL** Zip Code **33431**

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.
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Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

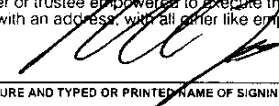
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SIGNATURE:  **ROBERT ZEIGEN, Sec'y** **2/7/07** **(561) 994-5050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #