2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N19838

BOCA GOLF AND TENNIS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



FILED

Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90432 022 ****61.25

| Principal Place of Business C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 | | | Mailing Address C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 | | | | | | | | | | |
|---|----------|--|--|--|----------------------|--|------------------|---|---------------------------|-----------------|------------------------------|--------------------------|--|
| 2. Principal Place of Business - No P.O. Box # 3. | | | | Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 03302007 | Chg-NP | CR2E | 037 (12/06) | | |
| City & State | | | С | City & State | | | | FO 0705005 | | | | pplied For ot Applicable | |
| Zip Country | | | Zi | Zip Country | | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| | ed Agent | | | | 7. Name and | Address of Nev | / Registered | d Agent | | | | | |
| HAMMEL, EDWARD 301 YAMATO RD. STE 4150 BOCA RATON, FL 33431 | | | | | | 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 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 | | | | Election Campaign Financing Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees | e FI | | ck_payable t artment of S | | |
| 10. | | OFFICERS AND DIF | RECTORS | 3 | 11. | | P | ADDITIONS/CHA | NGES TO OFFI | CERS AND E | DIRECTORS II | V 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 17076 BO | ERG, EDWARD CA CLUB BLVD, #1 TON, FL 33487 | | ☐ Delete | | | 90 5ch 380 | nnur, F o N. B erich | Bradh Braadh | ey 204 = | ☑ Change Suide 153 | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | UL CA CLUB BLVD, #6 TON, FL 33487 | | ☐ Delete | | | 34 A | | 101 | h Dr | ⊠ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | I | ACKIE CA CLUB BLVD. #6 TON, FL 33487 | | Delete | | | TP 35 | chock Bea king | i, Jos aron a arown | eph Or RI | | □ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 17094 BO | Z, CECILIA CA CLUB BLVD., #6 TON, FL 33487 | · | Delete | | | 500 | yhlin 294-1 000 Ra | , Kathi Boca | een | Change | □ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 | NANCY OCA CLUB BLVD. TON, FL 33487 | | Delete | | | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS | | | | ☐ Delete | TITLE NAM STRE | | | | | | ☐ Change | Addition 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 truetee 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.

CITY-ST-ZIP

SIGNATURE: 4

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #