



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90009 006 ****61.25

| | | | | | |
|--|------------------------|---|--|---|--|
| DOCUMENT # 744150 1. Entity Name BOCA RIDGE CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business MAHOGANY SERVICES, INC. 21 SE 5TH ST, SUITE 100 DELRAY BEACH, FL 33432 | | | Mailing Address MAHOGANY SERVICES, INC. 21 SE 5TH ST, SUITE 100 DELRAY BEACH, FL 33432 | | |
| 2. Principal Place of Business - No P.O. Box # 21 SE 5th Street Suite, Apt. #, etc. #100 | | 3. Mailing Address 21 SE 5th Street Suite, Apt. #, etc. #100 | |  | |
| City & State BOCA RATON | | City & State BOCA RATON | | 4. FEI Number 59-1984511 | |
| Zip 33432 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ESTEBENEZ, ERIC POINTE MANAGEMENT GROUP 75 N.E. 6TH AVENUE SUITE 206 DELRAY BEACH, FL 33483 | | | | 7. Name and Address of New Registered Agent Name TERESA C. BISHOP Street Address (P.O. Box Number is Not Acceptable) 21 SE 5th Street #100 City BOCA RATON FL Zip Code 33432 | |
| 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 <u><i>TC Bishop</i></u> 3/3/08 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | CARLIN, JAMES | | | | |
| STREET ADDRESS | 9256 A SABLE RIDGE CIR | | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33428 | | | | |
| TITLE | VP | <input type="checkbox"/> Delete | | | |
| NAME | VISLCOCKY, JOHN | | | | |
| STREET ADDRESS | 9358 B SABLE RIDGE CIR | | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33428 | | | | |
| TITLE | ST | <input type="checkbox"/> Delete | | | |
| NAME | PIZZOFERRATO, ANNA | | | | |
| STREET ADDRESS | 9352 D SABLE RIDGE CIR | | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33428 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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: <u><i>James D. Carlin</i></u> James D. Carlin Pres 3/3/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |