

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90031 005 ****61.25

DOCUMENT # 753632

1. Entity Name
NEW FLORESTA HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O MITCHELL MANAGEMENT
2081 NW 25TH STREET
BOCA RATON, FL 33431 US**

Mailing Address
**C/O MITCHELL MANAGEMENT
2081 NW 25TH STREET
BOCA RATON, FL 33431 US**

40067122



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2746794

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SCHNER, LARRY E P.A.
750 SOUTH DIXIE HIGHWAY
BOCA RATON, FL 33432**

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, 2008**

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 PD
NAME HAMMER, DOUG
STREET ADDRESS 2940 NW 28TH TERRACE
CITY-ST-ZIP BOCA RATON, FL 33434 ☐ Delete

TITLE **DP5**
NAME **Hammer, Doug**
STREET ADDRESS **2940 NW 28th Terrace**
CITY-ST-ZIP **Boca Raton, FL 33434** ☒ Change ☐ Addition

TITLE VD
NAME OETZMAN, PAUL
STREET ADDRESS 2720 NW 28TH TERRACE
CITY-ST-ZIP BOCA RATON, FL 33434 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME CAMPOLO, PAT
STREET ADDRESS 2890 28TH TERRACE
CITY-ST-ZIP BOCA RATON, FL 33434 ☐ Delete

TITLE **DP**
NAME **Campolo, Pat**
STREET ADDRESS **2890 28th Terrace**
CITY-ST-ZIP **Boca Raton, FL 33434** ☒ Change ☐ Addition

TITLE TD
NAME CARROLL, KEVIN
STREET ADDRESS 2685 NW 27TH AVE
CITY-ST-ZIP BOCA RATON, FL 33434 ☐ 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/08
Date

Daytime Phone #