

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763133

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: BOCA GOLFPVIEW CONDOMINIUM, INC.

**Current Principal Place of Business:**

200 E ROYAL PALM RD #415  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

200 E ROYAL PALM RD #415  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 59-2294595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUSSELL, ELAINE  
200 E. ROYAL PALM RD.  
# 210  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: LABATO, PAUL  
Address: 200 E ROYAL PALM RD  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: JACOBY, AGNES  
Address: 200 E ROYAL PALM ROAD  
City-St-Zip: BOCA RATON, FL 33432

Title: DS ( ) Delete  
Name: NORMA, BOYD  
Address: 200 E ROYAL PALM RD  
City-St-Zip: BOCA RATON, FL 33432

Title: DP ( ) Delete  
Name: RUSSELL, ELAINE  
Address: 200 EAST ROYAL PALM ROAD  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: STANOCH, SHELLEY  
Address: 200 E ROYAL PALM ROAD  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KUSZ, VALERIE  
Address: 200 E ROYAL PALM ROAD  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE RUSSELL

DP

04/24/2008

Electronic Signature of Signing Officer or Director

Date