## 2008 NOT-FOR-PROFIT CORPORATION

## FILED Apr 28, 2008 8:00 am Secretary of State

 •			PORT	VICA	

NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP  ITILE NAME DIAMOND, JOEL STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP  ITILE NAME DIAMOND, JOEL STREET ADDRESS CITY-ST-ZIP  ITILE D STREET ADDRESS CITY-ST-ZIP  ITILE S STREET ADDRESS CITY-ST-ZIP  ITILE S STREET ADDRESS CITY-ST-ZIP  ITILE S STREET ADDRESS CITY-ST-ZIP	1. Entity Nam MERIDIA	MENT # 769562 NA AT BOCA POINTE HOI ATION, INC.	MEOWNERS'		. 30001	4-28-2008 <u>9</u>	90408 012 ****(	61.25
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  E. Country  Country  S. Cartificate of State Degrated  Fee Regular Address of Current Registered Agent  T. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Codo  City  FL  Zi	1215 E HILL STE 202	SBORO BLVD	1215 E HILLSBORO BL STE 202				EN BURK ENN RIBN DIEN EIN	AN <b>o</b> f en leen
Cey & State  City & State  Country  Country  Country  Country  Applicable  Set 2389597  Enter Address of Set 2389597  Set 2389597  Enter Address of New Registered Agent  Filling Fee Is 861.25  Due by May 1, 2008  Filling Fee Is 861.25  Filling Fee Is 861.25  Due by May 1, 2008  Filling Fee Is 861.25  Due by May 1, 2008  Filling Fee Is 861.25  Due by May 1, 2008  Filling Fee Is 861.25  Due by May 1, 2008  Filling Fee Is 861.25  Due by May 1, 2008  Filling Fee Is 861.25  Due by May 1, 2008  Filling Fee Is 861.25  Filling Fee Is 86	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
Size   Solution   So	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>-</b> 111	01302008 Chg	j-NP	CR2E037 (12/06)	
S. Certificate of Status Desired   Poe Required Registered Agent   T. Name and Address of New Registered Agent   T. Name and Address   T. Name and Address	City & Stat	6	City & State			•	————	·
MORRIS, PAUL 22683 MERIDIANA DR BOCA RATON, FL 33433  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symbiler, byted or princed range of registered agent special required when remaining)   DATE    Filling Fee is \$61.25	Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional			
Sizer Address (P.O. Box Number is Not Acceptable)    Sizer Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Reg	istered Agent	
B. 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    Supruse, hierd or printed name of registered agent and life if apposed. (NOTE Registered Agent signature required when remalating)   DATE	22683 ME	RIDIANA DR			s (P.O. Box Number is No	ot Acceptable)		
SIGNATURE    Signature produces agent and late 4 appicable.   (NOTE: Registered Agent signature required when reministring)   DATE				City			FL Zip Code	<del></del>
Signature, typed or printed name of regulatered agent and life if an Discassing.   (NOTE: Regulatered Agent sequence required when remainting)   S.5.00 May Be Added to Fees   Make check payable to Florida Department of State	8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or both, in the	ne State of Flori	da. I am familiar with,	and accept
10.	SIGNATURE .	Sloantur hund or related and a facility of						
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		algnature, typed or printed name or registered agent	and title if applicable. (NOTE	: Registered Agent signature requi	ired when reinstating)		DATE	_
TITLE NAME NAME NAME NAME NAME NAME NAME NAM		Filing Fee is \$61.25	9. Election Can	npaign Financing	\$5.00 May Be		ke check payable to	
NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE DOSTER, BARRY 22585 MERILLIANA DR STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE DOSTER, BARRY 22585 MERILLIANA DR STREET ADDRESS CITY-ST-ZIP TITLE DOSTER, BARRY 22585 MERILLIANA DR STREET ADDRESS CITY-ST-ZIP TITLE NAME GORDON, BOB STREET ADDRESS CITY-ST-ZIP TITLE SOCA RATON, FL 33433 CITY-ST-ZIP TITLE SSTREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE TAMME TAPLAN, HARVEY STREET ADDRESS	10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Florid	ke check payable to a Department of St	tate
NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OCORDON, BOB STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433  TITLE SIREET ADDRESS CITY-ST-ZIP  TITLE SOCITY-ST-ZIP  TITLE SAME KESSELMAN, BONNIE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE SAME KESSELMAN, BONNIE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE TAMAME KAPLAN, HARVEY STREET ADDRESS	TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI P POST, ROBERT 22530 MERIDANA DR	9. Election Can Trust Fund C	npaign Financing Contribution.   11.  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florid	ke check payable to a Department of St S AND DIRECTORS IN	tate
NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP  CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CHANGE Addition CHANGE STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  CHANGE Addition CHANGE Addition CHANGE STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  CHANGE Addition CHANGE Addition STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI P POST, ROBERT 22530 MERIDANA DR BOCA RATON, FL 33433 VP DIAMOND, JOEL 22654 MERIDIANA DR	9. Election Can Trust Fund C RECTORS	npaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florid	ke check payable to a Department of St G AND DIRECTORS IN	tate
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI P POST, ROBERT 22530 MERIDANA DR BOCA RATON, FL 33433  VP DIAMOND, JOEL 22654 MERIDIANA DR BOCA RATON, FL 33433 D OSTER, BARRY 22585 MERILLIANA DR	9. Election Can Trust Fund C	npaign Financing Contribution.  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS CITY-ST-ZIP  ITTLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florid	ke check payable to a Department of St G AND DIRECTORS IN Change	tate   10   □ Addition
NAME KAPLAN, HARVEY NAME STREET ADDRESS 22702 MERIDIANA DR STREET ADDRESS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI  P POST, ROBERT 22530 MERIDANA DR BOCA RATON, FL 33433  VP DIAMOND, JOEL 22654 MERIDIANA DR BOCA RATON, FL 33433  D OSTER, BARRY 22585 MERILLIANA DR BOCA RATON, FL 33433  D GORDON, BOB 22579 NERIDIANA DR	9. Election Can Trust Fund C	npaign Financing Contribution.  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florid	ke check payable to a Department of St G AND DIRECTORS IN Change	1 10 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 the 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 comparing of the require or this report and the man officer or director.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI  P POST, ROBERT 22530 MERIDANA DR BOCA RATON, FL 33433  VP DIAMOND, JOEL 22654 MERIDIANA DR BOCA RATON, FL 33433  D OSTER, BARRY 22585 MERILLIANA DR BOCA RATON, FL 33433  D GORDON, BOB 22579 NERIDIANA DR BOCA RATON, FL 33433  S KESSELMAN, BONNIE 22602 MERIDIANA DR	9. Election Can Trust Fund C  RECTORS  Delete  Delete  Delete	Inpaign Financing Contribution.  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Florid	ke check payable to a Department of St G AND DIRECTORS IN Change  Change  Change	Addition  Addition