

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N25130

1. Entity Name
BOCA PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**OLD COURT RD
BOCA RATON, FL 33433**

Mailing Address
**FEDERAL HOME & PROPERTY MGMT.
P.O. BOX 811180
BOCA RATON, FL 33481**



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0219520	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RANDALL K. ROGER & ASSOC., P.A.
ONE PARK PLACE
621 NW 53RD STREET
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRELAK, AARON 6068 OLD COURT RD #108 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOSKIN, SANDRA 6061 OLD CT RD #202 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLER, MARIA 6069 OLD COURT ROAD #108 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, JANE 6034 OLD COURT ROAD #903 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOINSON, SHARON 6029 OLD COURT RD #1007 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/03/08-80032-002 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-30-08 (511) 394-2523