2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 769677

Entity Name: BOCA ISLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10034 W MCNAB RD
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

10034 W MCNAB RD
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 59-2390458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAW OFFICE OF JOSHUA GERSTIN, P.A.
1499 WEST PALMETTO PARK RD
SUITE 412
BOCA RATON, FL 33486 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: VD ( ) Delete
Name: KLEIN, ROBERT
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321 US

Title: PD ( ) Delete
Name: ANDERSON, PAUL
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321 US

Title: TSD ( ) Delete
Name: HROCH, VANESSA
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321 US

Title: D (X) Delete
Name: BARBEY, ADRIEN
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TSD (X) Change ( ) Addition
Name: BARBEY, ADRIEN
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321 US

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

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: PAUL ANDERSON PD 04/22/2009

Electronic Signature of Signing Officer or Director — Date