

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724897

FILED
Apr 27, 2009
Secretary of State

Entity Name: BOCA LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8768 CHEVY CHASE DR.
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

8768 CHEVY CHASE DR.
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 59-1459810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZEGARELLI, MARIA
8825 BELLA VISTA DRIVE
BOCA RATON, FL 33433 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: P () Delete
Name: ZEGARELLI, JOSEPH
Address: 8825 BELLA VISTA
City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete
Name: STORCH, STANLEY
Address: 20987 COVINGTON DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: SCHWARTZ, RICHARD
Address: 8913 BELLE AIRE CT
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: ZEGARELLI, MARIA
Address: 8825 BELLA VISTA DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: T () Delete
Name: SAVINELLI, ANNA
Address: 8856 BELLA VISTA DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: LOCICERO, ANNE
Address: 20945 SEDGEWICK DRIVE
City-St-Zip: BOCA RATON, FL 33433

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

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: MARIA ZEGARELLI

S

04/27/2009

Electronic Signature of Signing Officer or Director

Date