

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04415

**Entity Name:** BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**

C/O PHOENIX MANAGEMENT SERVICES INC.  
4800 N STATE ROAD7 SUITE 105  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT SERVICES INC.  
4800 N STATE ROAD7 SUITE 105  
LAUDERDALE LAKES, FL 33319 US

**FEI Number: 59-2475800****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

PHOENIX MANAGEMENT SERVICES INC.  
4800 N STATE RD7  
STE 105  
LAUDERDALE LAKES, FL 33319 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            OLIVIERI, RALPH  
Address        9648 TRITON COURT  
City-State-Zip: BOCA RATON FL 33434

Title            VP  
Name            BELL, BEVERLY  
Address        9564 TRITON COURT  
City-State-Zip: BOCA RATON FL 33434

Title            DIRECTOR  
Name            MOOSAI, SUSAN  
Address        4800 N STATE ROAD 7 SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            SECRETARY  
Name            LAMBORGHINI, BARBARA  
Address        4800 N STATE ROAD 7 SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            DIRECTOR  
Name            BOUCHARD, MICHELE  
Address        4800 N STATE ROAD 7 SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            DIRECTOR  
Name            GLASS, GARY  
Address        4800 N STATE ROAD 7 SUITE 105  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title            TREASURER  
Name            MONROY, OLGA  
Address        19844 COURT OF THE MYRTLES  
City-State-Zip: BOCA RATON FL 33434

*I hereby 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 all other like empowered.*

**SIGNATURE: RALPH OLIVIERI****PRESIDENT****04/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date