2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 706566

FILED Apr 25, 2008 8:00 am Secretary of State

04-25-2008 90144 048 ****61.25

1. Entity Name BOCA SQUARE CIVIC ASSOCIATION, INC.				4000611			
381 S. W 8 ST 981			ailing Address 181 SOUTHWEST 8 STREET IOCA RATON, FL 33486 US		· ·		
2. Principal Place of Business - No P.O. Box # 3. Ma 98/5.w. 8 5 + .		3. Mailing Address	Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E037 (12/0	6)	
BOCA RATON, FL.		City & State		4. FEI Number 59-2137800	,	Applied For Not Applicable	
33486	Country	Zìp	Country	5. Certificate of Stat	Certificate of Status Desired		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MORENCY, CLAUDETTE			Name	Name			
981 SOUTHWEST 8 STREET BOCA RATON, FL 33486			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
*, sk			City	<u>. </u>	Zip	Code	
<u></u>				<u>FL</u>			
	a named entity submits this statement f tions of registered agent.	or the purpose of changing its	s registered office or reg	istered agent, or both, in th	ne State of Florida. I am familiar v	ith, and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	k and title if applicable. (NO	E: Registered Agent signature re	quired when remainting)	DATE		
Filing Fee is \$61.25 9. Election Campaign Fi Due by May 1, 2008 Trust Fund Contribution				\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	T' OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DIRECTOR	S IN 10	
TITLE 👌	D	☐ Delete	TITLE		☐ Char	ge 🔲 Addition	
NAME STREET ADDRESS	WHITE, ALFRED L 957 S.W. 5TH ST		NAME CTREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33486		STREET ADDRESS CETY-ST-ZIP				
TITLE	V	☐ Delete	TITLE		☐ Char	ge 🔲 Addition	
NAME	MAYA, JAY	Li Delete	NAME		C) CHAI	ne 🗆 vocinon	
STREET ADDRESS	961 SW 8 ST		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP				
TITLE -	P	☐ Delete	TITLE		☐ Char	ge 🔲 Addition	
NAME	MORENCY, CLAUDETTE		NAME				
STREET ADDRESS CITY-ST-ZIP	981 S W 8TH ST		STREET ADDRESS			1	
U111-31-211	BOCA DATON EL 22486		CITY OT 210			1	
trite	BOCA RATON, FL 33486	<u> </u>	CITY-\$1-ZIP				
TITLE NAME	DS	☐ Delete	TITLE		Char	ge 🔲 Addition	
TITLE NAME STREET ADDRESS		☐ Delete			☐ Char	ge 🔲 Addition	
NAME	DS LEIXNER, LYNDA	☐ Delete	TITLE .		☐ Char	ge Addition	
NAME STREET ADDRESS	DS LEIXNER, LYNDA 1045 SW 13TH ST	☐ Delete	TITLE NAME STREET ADORESS		☐ Char		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DS LEIXNER, LYNDA 1045 SW 13TH ST BOCA RATON, FL 33486 D WK, RONALD		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				
NAME STREET ADDRESS CITY-ST-ZIP	DS LEIXNER, LYNDA 1045 SW 13TH ST BOCA RATON, FL 33486 D WIK, RONALD 921 S.W. 8TH ST.		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	DS LEIXNER, LYNDA 1045 SW 13TH ST BOCA RATON, FL 33486 D WIK, RONALD 921 S.W. 8TH ST. BOCA RATON, FL	D Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Char	ge 🔲 Addillon	
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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: (Sugnature and Typed on Printed Man Pros. ELAUDETTE MORENCY 04/20/08 (561)-394-973/