


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90017 002 ****61.25

| | |
|--------------------------------------|---|
| DOCUMENT # 724716 |  |
| 1. Entity Name | |
| BOCA MAR CONDOMINIUM ASSOCIATION INC | |

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 1215 E. HILLSBORO BLVD DEERFIELD BEACH FL 33441 | 1215 E. HILLSBORO BLVD DEERFIELD BEACH FL 33441 |

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



1st MOORE CR2E037 (10/06)

| | | |
|--|--|--|
| 4. FEI Number 59-1440835 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent |
| CAMPBELL PROPERTY MANAGEMENT 1215 EAST HILLSBORO BLVD DEERFIELD BEACH FL 33441 | | Name |
| | | Street Address (P.O. Box Number is Not Acceptable) |
| | | City |
| | | FL Zip Code |

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

| | | | |
|--|---|---------------------------------------|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANTHONY, ARTHUR | NAME | |
| STREET ADDRESS | 262 SANDY POND RD | STREET ADDRESS | |
| CITY ST ZIP | LINCOLN MA 01773 | CITY ST ZIP | |
| TITLE | STD <input checked="" type="checkbox"/> Delete | TITLE | VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DOHERTY, PHILIP E | NAME | MILLS, RAMSEY |
| STREET ADDRESS | 310 S. OCEAN BLVD 404 | STREET ADDRESS | 310 S OCEAN DR. Boca Raton, FL 33432 |
| CITY ST ZIP | BOCA RATON FL 33432 | CITY ST ZIP | |
| TITLE | VPD <input type="checkbox"/> Delete | TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAMISA, JOAN | NAME | |
| STREET ADDRESS | 2 BENEDICT COURT | STREET ADDRESS | |
| CITY ST ZIP | FARMINGDALE NY 11735 | CITY ST ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STUKAS, ROSEMARIE | NAME | |
| STREET ADDRESS | 310 S. OCEAN BLVD., #602 | STREET ADDRESS | |
| CITY ST ZIP | BOCA RATON FL 33432 | CITY ST ZIP | |
| TITLE | PD <input checked="" type="checkbox"/> Delete | TITLE | STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DOHERTY, JOAN M. | NAME | SPOSATO, BARBARA |
| STREET ADDRESS | 310 S. OCEAN BLVD., #404 | STREET ADDRESS | 310 S OCEAN DR Boca Raton, FL 33432 |
| CITY ST ZIP | BOCA RATON FL 33132 | CITY ST ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY ST ZIP | | CITY ST ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joan Camisa - Joan Camisa 3/29/07 361-391-4889