


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90049 037 ****61.25

DOCUMENT # 724971 1. Entity Name BOCA LINDA EAST ASSOCIATION, INC.					
Principal Place of Business 1000 N.W. 13TH ST. BOCA RATON, FL 33486			Mailing Address 1000 N.W. 13TH ST. BOCA RATON, FL 33486		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEVINE, JAY STEVEN E LEVINE AND FRANK, P.A. 2500 N MILITARY TRAIL #283 BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	T	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNKLEE, LOIS		NAME	TOLTON, MARIE	
STREET ADDRESS	1024 NW 13TH ST #151-B		STREET ADDRESS	1024 N.W. 13th Street # 225-B	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSELEY, VIRGINIA		NAME	ANDERSON, JOHN	
STREET ADDRESS	6000 NW 13TH ST 209A		STREET ADDRESS	1024 NW 13th Street # 245-B	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILLON, TIM		NAME	BERSON, KENNETH	
STREET ADDRESS	1024 NW 13TH ST, # 243-B		STREET ADDRESS	1024 NW 13th Street # 271-C	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	HELGESEN, JOHN		NAME		
STREET ADDRESS	1050 SW 13TH ST #281D		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	MC CUTCHEON, DANNA		NAME		
STREET ADDRESS	1024 NW 13TH ST #137B		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	BACHTLER, MARGARET		NAME		
STREET ADDRESS	1024 SW 13TH ST, # 249 B		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP		
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: <u>Lois E Dunklee</u> <u>Lois Dunklee, Treas.</u> <u>3/4/08</u> <u>561-347-9802</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					