

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

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90136 020 \*\*\*\*61.25

**DOCUMENT # 726637**

1. Entity Name

BOCA DEL MAR IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business

6018 SW 18TH STREET  
#C8  
BOCA RATON FL 33433  
US

Mailing Address

6018 SW 18TH STREET  
#C8  
BOCA RATON FL 33433  
US



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

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-1592459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTS, GORDON  
6018 SW 18 ST, STE C-8  
BOCA RATON FL 33432

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

*X Clyde Thomas Buckhorn*

8/08/07

Signature type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 5, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BRECKONS, CLYDE T  
CITY-ST-ZIP 6320 BOCA DEL MAR DRIVE #207  
BOCA RATON FL 33433

TITLE ☐ Delete  
NAME T  
STREET ADDRESS LEWIS, FRANK  
CITY-ST-ZIP 6812 CALLE DEL PAZ W  
BOCA RATON FL

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS SAMPLES, WALT  
CITY-ST-ZIP 7632 SIERRA DR W  
BOCA RATON FL 33433

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS MCDERMOTT, PAUL  
CITY-ST-ZIP 6354 WOODBURY ROAD  
BOCA RATON FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME VPD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME TRASUNDA  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*X Clyde Thomas Buckhorn*

08/08/07 (561) 368-1503