


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1592459	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 *Paul M. McDermott* (NOTE: Registered Agent signature required when reinstating) DATE 1/15/08

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRECKONS, CLYDE T 6320 BOCA DEL MAR DRIVE #207 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEWIS, FRANK 6812 CALLE DEL PAZ W BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SAMPLES, WALT 7632 SIERRA DR W BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDERMOTT, PAUL 6354 WOODBURY ROAD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000816053
02/14/08-80033-025 61.25

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: *Paul M. McDermott* 1/30/08 941-368-1523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #