


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90030 031 \*\*\*\*61.25

<b>DOCUMENT # 726973</b> 1. Entity Name <b>BOCA LINDA WEST ASSOCIATION, INC.</b>					
Principal Place of Business <b>21 SE 5TH ST SUITE 100 BOCA RATON, FL 33432 US</b>			Mailing Address <b>21 SE 5TH ST SUITE 100 BOCA RATON, FL 33432 US</b>		
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	4. FEI Number <b>59-1557486</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BISHOP, TERESA C 21SE 5TH ST, # 100 BOCA RATON, FL 33432</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GESTAI, CARL		NAME	<b>MARSHALL DORIS J.</b>	
STREET ADDRESS	1124 N.W. 13TH STREET #214A		STREET ADDRESS	<b>1124 NW 13TH STREET # 208-A</b>	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HALVRSEN, CAROL		NAME	<b>HALVORSEN CAROL</b>	
STREET ADDRESS	1100 NW 13TH ST, # 1920		STREET ADDRESS	<b>1100 NW 13TH STREET 1920</b>	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GIBSON, KAREN		NAME	<b>KELLY, JAMES</b>	
STREET ADDRESS	1100 NW 13TH ST, # 178-D		STREET ADDRESS	<b>1124 NW 13TH STREET 220-A</b>	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SELENA, NADINE		NAME	<b>GARDNER MALLIE</b>	
STREET ADDRESS	1150 NW 13TH STREET 264C		STREET ADDRESS	<b>1150 NW 13TH STREET 172-C</b>	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FERDANDO, ANDRADE		NAME	<b>STILLWELL FRAN</b>	
STREET ADDRESS	1100 NW 13TH ST, # 296-D		STREET ADDRESS	<b>1124 NW 13TH STREET 100-A</b>	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
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 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.					
<b>SIGNATURE:</b> <u>Carol Halvorson, Pres</u>			<u>3/4/08</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		