

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90078 035 ****61.25

DOCUMENT # 728649 1. Entity Name BOCA PINAR CONDOMINIUM ASSN., INC.					
Principal Place of Business % GLEN MANAGEMENT SERVICES 301 W. CAMINO GARDENS BLVD, SUITE 201 BOCA RATON, FL 33432			Mailing Address % GLEN MANAGEMENT SERVICES 301 W. CAMINO GARDENS BLVD, SUITE 201 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # <i>40 Prime management</i> Suite, Apt. #, etc. <i>6300 Park of Commerce Blvd</i>		3. Mailing Address <i>40 Prime management</i> Suite, Apt. #, etc. <i>6300 Park of Commerce Blvd</i>			
City & State <i>Boca Raton, FL</i>		City & State <i>Boca Raton, FL</i>		4. FEI Number 59-1654172	
Zip <i>33487</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICE MANAGEMENT GROUP 630 PARK OF COMMERCE BLVD SUITE 201 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name <i>Prime management</i> Street Address (P.O. Box Number is Not Acceptable) <i>6300 Park of Commerce Blvd</i> City <i>Boca Raton</i> FL <i>33487</i>	
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) DATE</small>					
Filing 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 NAME STREET ADDRESS CITY - ST - ZIP	T STOFFT, CYNTHIA 4731 NW 2ND AVE #403 BOCA RATON, FL 33431		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HAMILL, KATHLEEN 4761 NW 2ND AVENUE #311 BOCA RATON, FL 33431		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REMTOUNIS, MICHAEL 4691 N.W. 2ND AVENUE #504 BOCA RATON, FL 33431		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, KYMBERLY 4731 NW 2ND AVE #402 BOCA RATON, FL 33431		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>X</i> <i>KA Hamill</i>			<i>X</i> <i>4/9/07</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		