


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90033 017 \*\*\*\*61.25

<b>DOCUMENT # 728649</b> 1. Entity Name <b>BOCA PINAR CONDOMINIUM ASSN., INC.</b>													
Principal Place of Business <b>% PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487</b>			Mailing Address <b>% PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487</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>59-1654172</b>									
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>									
6. Name and Address of Current Registered Agent  <b>PRICE MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487</b>			7. Name and Address of New Registered Agent - <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2" style="padding: 2px;">Name</td></tr> <tr><td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td colspan="2" style="padding: 2px;"> </td></tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;"> <b>FL</b> Zip Code             </td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	<b>FL</b> Zip Code
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City	<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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>													
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>										
TITLE	<b>S</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	<b>HAMILL, KATHLEEN</b>		NAME										
STREET ADDRESS	<b>4761 NW 2ND AVENUE #311</b>		STREET ADDRESS										
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>		CITY-ST-ZIP										
TITLE	<b>TD</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	<b>BROWN, KYMBERLY</b>		NAME										
STREET ADDRESS	<b>4731 NW 2ND AVE #402</b>		STREET ADDRESS										
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>		CITY-ST-ZIP										
TITLE	<b>—</b> <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										
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										
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										
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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2-19-08</b> Daytime Phone # <b>561-358-4788</b>										