



**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90187 034 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # 730314</b> 1. Entity Name <b>BOCA TOWNE CENTRE OWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>4350 N W 19TH AVE STE C          POMPANO BEACH, FL 33064</b>		Mailing Address <b>4350 N W 19TH AVE STE C          POMPANO BEACH, FL 33064</b>
2. Principal Place of Business - No P.O. Box # <b>778 South Military Trail</b>		3. Mailing Address <b>PO Box 97-0069</b>
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 
City & State <b>Deerfield Beach FL</b>		City & State <b>Boca Raton FL</b>
Zip <b>33442</b>	Country <b>USA</b>	Zip <b>33497-0069</b>
Country <b>USA</b>		Country <b>USA</b>
4. FEI Number <b>59-1572921</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>PALOMBI, GARY          C/O RMC          4350 N W 19TH AVE STE C          POMPANO BEACH, FL 33064</b>		7. Name and Address of New Registered Agent Name <b>Gary Palombi</b> Street Address (P.O. Box Number is Not Acceptable) <b>778 South Military Trail</b> City <b>Deerfield Beach FL</b> Zip Code <b>33442</b>
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, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Make check payable to Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>LIGON, JERRY</b> STREET ADDRESS <b>2600 SPANISH RIVER BLVD</b> CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>	TITLE <b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Jill Jenkins Liberto</b> STREET ADDRESS <b>10372 Dorchester Dr</b> CITY-ST-ZIP <b>Boca Raton FL 33428</b>
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>GARTABANT, MAURA</b> STREET ADDRESS <b>550 SW 2ND AVE</b> CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>	TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>HASSAN, GOLAM</b> STREET ADDRESS <b>10377 DORCHESHER DR.</b> CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>	TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Kenneth Bailes</b> STREET ADDRESS <b>1011 W Royal Palm Rd</b> CITY-ST-ZIP <b>Boca Raton FL 33486</b>
TITLE <b>P</b> <input checked="" type="checkbox"/> Delete NAME <b>LAMAR, RAYMOND</b> STREET ADDRESS <b>650 SW 2 AVE E-151</b> CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>	TITLE <b>T</b> <input checked="" type="checkbox"/> Delete NAME <b>ANDRICKSON, CARLOS</b> STREET ADDRESS <b>650 SW 2 AVE E-151</b> CITY-ST-ZIP <b>BOCA RATON, FL 33432</b>	TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Julie McVay</b> STREET ADDRESS <b>550 SW 2nd Ave C-131</b> CITY-ST-ZIP <b>Boca Raton FL 33432</b>
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> 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.		
<b>SIGNATURE:</b>  <b>PRES.</b>		<b>4-9-07</b> <small>Date</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>

40080991



03092007 Chg-NP CR2E037 (12/06)