2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730314

FILED Apr 21, 2009 Secretary of State

Entity Name: BOCA TOWNE CENTRE OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 778 S MILITARY TRAIL DEERFIELD BEACH, FL 33442 **Current Mailing Address: New Mailing Address:** PO BOX 970669 BOCA RATON, FL 33497 FEI Number: 59-1572921 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PALOMBI, GARYY PALOMBI, GARY 778 S MILÍTARY TRAIL 778 S MILÎTARY TRAIL DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 US US 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. SIGNATURE: GARY PALOMBI 04/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LIGON, JERRY Name: Name: 2600 SPANISH RIVER BLVD Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: LIBERTO, JENKINS J Name: JENKINS-LIBERTO, JILL Address: 10372 DORCHESTER DR Address: 10372 DORCHESTER DR City-St-Zip: BOCA RATON, FL 334287 City-St-Zip: BOCA RATON, FL 334287 Title: () Delete Title: (X) Change () Addition LAMAR, RAYMOND BARTOSEK, HELEN Name: Name: 650 SW 2ND AVE E 151 3590 COMMODORE CIRCLE Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: DELRAY BEACH, FL 33483 Title: VΡ () Delete Title: () Change () Addition Name: BAILES, KENNETH Name: Address: 1011 W ROYAL PALM RD Address: City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: Title: () Delete Title: () Change (X) Addition HASSAN, GOLUM Name: Name: 470 NE 43 RD STREET Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY PALOMBI RA 04/21/2009