


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90017 019 ****61.25

DOCUMENT # 730766

1. Entity Name
BOCA LINDA NORTH ASSOCIATION, INC.



400330



Principal Place of Business
**C/O BENCHMARK PROPERTY MGMT
 7932 WILES RD
 POMPANO BEACH, FL 33067 US**

Mailing Address
**C/O BENCHMARK PROPERTY MGMT
 7932 WILES RD
 POMPANO BEACH, FL 33067 US**

2. Principal Place of Business - No P.O. Box #
21 SE 5th STREET

Suite, Apt. #, etc.
100

City & State
BOCA RATON

Zip
33432

Country
U.S.A.

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1918423

Applied For
 Not Applicable

3. Mailing Address
21 SE 5th STREET

Suite, Apt. #, etc.
#100

City & State
BOCA RATON

Zip
33432

Country
U.S.A.

6. Name and Address of Current Registered Agent

**BURR, ROBERT ESQ
 C/O LEVINE BURR ATTORNEY
 2500 N MILITARY TRL STE 490
 BOCA RATON, FL 33431**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name
TERESA BISHOP

Street Address (P.O. Box Number is Not Acceptable)
21 SE 5th STREET #100

City
BOCA RATON

State
FL

Zip Code
33432

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 *T. Bishop* DATE 3-21-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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	P AMARAL, ARTHUR 1291 NW 13 ST 453D BOCA RATON, FL 33486 <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	VD VIGGIO, ALEX 1301 NW 12TH AVE 320 A BOCA RATON, FL 33486 <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 BARBERO, JOANNE 1201 NW 13TH ST 323B BOCA RATON, FL 33486 <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	D SIMMONS, BARBARA 1231 NW 13TH ST 468 F BOCA RATON, FL 33486 <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	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	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: *Arthur Amaral* **-ARTHUR-AMARAL-PRESIDENT** 561-251-0798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03-25-07