

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731025

FILED
Jan 30, 2009
Secretary of State

Entity Name: BOCA SOUTH ASSOCIATION, INC.

Current Principal Place of Business:

2929 S OCEAN BLVD.
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

2929 S OCEAN BLVD.
APT 108
BOCA RATON, FL 33432 US

New Mailing Address:

2929 S OCEAN BLVD.
BOCA RATON, FL 33432 US

FEI Number: 59-1582449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTEVE, JOE J PRES.
2929 S OCEAN BLVD
301
BOCA RATON, FL FL US

Name and Address of New Registered Agent:

COMES, GIOVANNI J PRES.
2929 S OCEAN BLVD
217
BOCA RATON, FL FL 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: GIONANNI COMES

01/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARK, MARK
Address: 2929 S OCEAN BLVD.104
City-St-Zip: BOCA RATON, FL 33432

Title: SEC. () Delete
Name: COGGIOLA, MICHELLE
Address: 2929 SOUTH OCEAN BLVD. #118
City-St-Zip: BOCA RATON, FL 33432

Title: PRES () Delete
Name: ESTEVE, JOE
Address: 301 SOUTH OCEAN BLVD. # 301
City-St-Zip: BOCA RATON, FL 33432

Title: TRES () Delete
Name: BLOUIN, MICHELLE
Address: 2929 S OCEAN BLVD #104
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Delete
Name: KERMAN, HILDY
Address: 2929 S OCEAN BLVD
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Delete
Name: COMES, GIOVANNI
Address: 2929 S OCEAN BLVD#217
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V.P. (X) Change () Addition
Name: PARK, MARK
Address: 2929 S OCEAN BLVD.104
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: COMES, GIOVANNI
Address: 2929 S OCEAN BLVD # 217
City-St-Zip: BOCA RATON, FL 33432

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GIOVANNI COMES

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

Date