


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90093 009 \*\*\*\*61.25

<b>DOCUMENT # 736159</b> 1. Entity Name <b>BOCA COVE PROPERTY HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>904 SE 5TH AVE DELRAY BEACH, FL 33483 US</b>				Mailing Address <b>904 SE 5TH AVE DELRAY BEACH, FL 33483 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
6. Name and Address of Current Registered Agent  <b>DAGHER, JOSEPH M 904 SE 5TH AVE DELRAY BEACH, FL 33483</b>				7. Name and Address of New Registered Agent  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, 2007</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 NAME STREET ADDRESS CITY-ST-ZIP	PD POSNER, RON MR <input type="checkbox"/> Delete 1049 BOCA COVE LANE HIGHLAND BEACH, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBEY, ADRIEN MR <input checked="" type="checkbox"/> Delete 1027 BOCA COVE LANE HIGHLAND BEACH, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEITZ, WILLIAM DR <input type="checkbox"/> Delete 1135 BOCA COVE LANE HIGHLAND BEACH, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUTLER, ALAN MR <input checked="" type="checkbox"/> Delete 1039 BOCA COVE LANE HIGHLAND BEACH, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKBASLI, SEYHAN MR <input checked="" type="checkbox"/> Delete 1135 BOCA COVE LANE HIGHLAND BEACH, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECK, DOROTHY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1016 RUSSELL DR. HIGHLAND BEACH, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEINSTEIN, PHIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1122 RUSSELL DR. HIGHLAND BEACH, FL 33487	
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> <i>Ron Posner</i> <b>Ron Posner</b> <i>2/27/07</i> <b>561-276-4335</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					