

2008-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90015 031 ****61.25

DOCUMENT # 736159

1. Entity Name

**BOCA COVE PROPERTY HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**904 SE 5TH AVE
DELRAY BEACH FL 33483
US**

**904 SE 5TH AVE
DELRAY BEACH FL 33483
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number **59-1701840**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAGHER, JOSEPH M
904 SE 5TH AVE
DELRAY BEACH FL 33483**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name, of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
NAME **PD POSNER, RON MR**
STREET ADDRESS **1049 BOCA COVE LANE**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD WEITZ, WILLIAM DR**
STREET ADDRESS **1135 BOCA COVE LANE**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD BECK, DOROTHY**
STREET ADDRESS **1016 RUSSEL DR**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **VD WEINSTEIN, PHIL**
STREET ADDRESS **1122 RUSSELL DR.**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Change ☒ Addition
NAME **VPD GERRY ASCIONE**
STREET ADDRESS **1114 RUSSELL DRIVE**
CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **TD SEYHAN AKBASLI**
STREET ADDRESS **1135 BOCA COVE LANE**
CITY-ST-ZIP **HIGHLAND BEACH, FL. 33487**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

Ronald Posner **Ronald Posner President**

4/1/2008