


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90205 013 ****61.25

DOCUMENT # 736245		
1. Entity Name THE HORIZONS OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 9039 VISTA DEL LAGO BOCA RATON, FL 33428-3149 US	Mailing Address 9039 VISTA DEL LAGO BOCA RATON, FL 33428 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

40070914



02142007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1709661		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PLUSH, ALVIN C/O BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO BOCA RATON, FL 33428		7. Name and Address of New Registered Agent Name LEVICK, MYRA Street Address (P.O. Box Number is Not Acceptable) C/O BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO City BOCA RATON FL Zip Code 33428

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 Myra Levick, Pres. **MYRA LEVICK, PRES.** 4/6/07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SD FELDMAN, ANNETTE 21955 CYPRESS DR #48A BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLINKMAN, EDITH 21643 CYPRESS LANE #14D BOCA RATON FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPARD, ALEX 21691 CYPRESS ROAD, #16F BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, ROY 8436 CYPRESS LANE #7E BOCA RATON FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAINE, SULL 8334 CYPRESS LANE #1B BOCA RATON, FL 33433 <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 BLACK, ANN 8427 CYPRESS LANE, #10D BOCA RATON, FL 33433 <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	PD PLUSH, ALVIN 8356 CYPRESS LN, #3A BOCA RATON, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVICK, MYRA 21675 CYPRESS RD. #15G BOCA RATON FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT RUBIN, LEONARD 8436 CYPRESS LANE, #7F BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" 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: Myra Levick, Pres. **MYRA LEVICK, PRES.** 4/6/07 **561-483-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40070914

THE HORIZONS OF BOCA LAGO
CONDOMINIUM ASSOCIATION, INC.

DOCUMENT #736245

FEI #59-1709661

Additional Board Member:

Title:	D
Name:	Manzutto, Carol
Street Address:	21830 Cypress Circle #27A
City-St-Zip:	Boca Raton, FL 33433

Signature: Myra F. Levick Date: 4/6/07 Phone: (561) 483-4000
MYRA LEVICK, PRES.