


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90082 030 \*\*\*\*61.25

<b>DOCUMENT # 736245</b> 1. Entity Name <b>THE HORIZONS OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9039 VISTA DEL LAGO BOCA RATON, FL 33428-3149 US</b>			Mailing Address <b>9039 VISTA DEL LAGO BOCA RATON, FL 33428 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1709661</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>LEVICK, MYRA C/O BOCA LAGO MANAGEMENT 9039 VISTA DEL LAGO BOCA RATON, FL 33428</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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, 2008</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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLINKMAN, EDITH 21643 CYPRESS LANE #14-D 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	VD COHEN, ROY 8436 CYPRESS LANE #7E 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 SLAINE, SULL 8334 CYPRESS LANE #1B BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESHER, HAROLD 21966 CYPRESS DR. #41A BOCA RATON FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, ANN 8427 CYPRESS LANE., #10D BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, ARTHUR 21766 CYPRESS DR #20F BOCA RATON FL 33433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVICK, MYRA 21675 CYPRESS RD. #15G 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	TD RUBIN, LEONARD 8436 CYPRESS LANE, #7F BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FELDMAN, ANNETTE 21955 CYPRESS DR. #48A BOCA RATON FL 33433 <input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <i>Myra Levick, PhD</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>MYRA LEVICK</b>			Date <b>4/10/08</b> Daytime Phone # <b>(561) 483-4000</b>		

40075045



01072008 Chg-NP CR2E037 (12/06)

ATTACHMENT

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**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**ENTITY NAME: HORIZONS OF BOCA LAGO CONDOMINIUM ASSOCIATION**

**DOCUMENT #736245**

**FEI #59-1709661**

**ADDITIONAL OFFICERS AND DIRECTORS**

D

Manzutto, Carol  
21830 Cypress Circle #27A  
Boca Raton, FL 33433

SIGNATURE: Myra Levick Ph.D. 7/10/08 (561) 483-4000  
Signature of Signing Officer or Director Date Daytime Phone #

TYPED OR PRINTED NAME OF SIGNING OFFICER: Myra Levick