



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90041 035 ****61.25

DOCUMENT # 738287 1. Entity Name BOCA CLUB ASSOCIATION, INC.						
Principal Place of Business 7932 WILES ROAD CORAL SPRINGS, FL 33065			Mailing Address BENCHMARK PROP. MGNT. 7932 WILES ROAD CORAL SPRINGS, FL 33065			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.				
City & State		City & State				
Zip		Zip				
Country		Country				
4. FEI Number 59-1748203				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DICKLER, KRIVOK & STOLOFF, P.A. 1818 AUSTRALIAN AVENUE SOUTH, STE 400 WEST PALM BEACH, FL 33309			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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)</small>			
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CURTIS, IMELDA 22615 SE 66TH AVE 301A BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNO, Joseph 22605 SW 66 AVENUE # 200B BOCA RATON FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUNTER, HELENA 22605 SW 66 AVE 201B BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLIZZI, Alfred 46 Carriage Court Pittsford NY 14534 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLIZZI, ALFRED 46 CARRIAGE COURT PITTSFORD, NY 14534 CHANGE to VP <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	#5 Price, Beverly 22615 SW 66 AVENUE 208A BOCA RATON FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARTINEZ, BARBARA 22605 SW 66 AVE 315-B BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dequris, Thomas 22605 SW 66 AVE. 314B BOCA RATON FL 33428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, DEANNA 22605 SW 66 AVE BOCA RATON, FL 33428 ADD to list <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Polizzi, Mary 46 Carriage Court Pittsford NY 14534 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLBERGER, WILLIAM 22615 SW 66 AVE 100A BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hambarchian, Varouq 22605 SW 66 AVENUE 401B BOCA RATON FL 33428 <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 an other like empowered.						
SIGNATURE: <u>Alfred Polizzi Vice Pres.</u> 1-25-08-561-487-664 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						