2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 740921

Entity Name: BOCA TIERRA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O GLORIA O. NORTH, P.A.
400 S. DIXIE HIGHWAY, #323
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6207
BOCA RATON, FL 334276207

New Mailing Address:

FEI Number: 59-1938443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORTH, GLORIA O
400 SOUTH DIXIE HIGHWAY
323
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	STD	( ) Delete
Name:	MATTLIN, BOBBIE	
Address:	4299 NW 26TH COURT	
City-St-Zip:	BOCA RATON, FL	
Title:	PD	( ) Delete
Name:	JACOBS, PAUL	
Address:	4277 NW 26TH WAY	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	DVP	( ) Delete
Name:	SIEGEL, STUART	
Address:	2790 NW 44TH STREET	
City-St-Zip:	BOCA RATON, FL	
Title:	DVP	( ) Delete
Name:	GOLDIN, BARRY	
Address:	4300 NW 28TH AVENUE	
City-St-Zip:	BOCA RATON, FL 33434	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL JACOBS PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date