

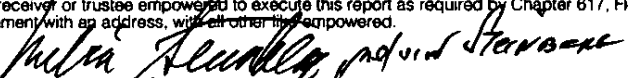


**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

**400-000 -**

<b>DOCUMENT # 741420</b>				04-21-2008 90082 031 ****61.25	
1. Entity Name <b>THE GREENS OF BOCA LAGO CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9039 VISTA DEL LAGO BOCA RATON, FL 33428 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.  City & State  Zip Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		  01072008 Chg-NP CR2E037 (12/06)  4. FEI Number <b>59-1849336</b> Applied For 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>STEINBERG, MELVIN 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 <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$81.25 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 WALLACH, JANICE 7992 EASTLAKE DR. #13B 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 BACHNER, ARTHUR 8045 EASTLAKE DR. #1 E 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 STEINBERG, MELVYN 8054 EAST LAKE DR. #8B BOCA RATON, FL <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 SPITZ, ROBERT 8008 EASTLAKE D 12A BOCA RATON, FL <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 JACOBS, RICHARD J 8210 CASA DEL LAGO 22C BOCA RATON, FL <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  VTD GALE, STANLEY 8202 CASA DEL LAGO #25A BOCA RATON, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP  <input 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 titles empowered.					
SIGNATURE:  4/14/08 (561) 483-4000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

40075044

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ENTITY NAME: GREENS OF BOCA LAGO CONDOMINIUM ASSOCIATION

DOCUMENT #741420

FEI #59-1849336

ADDITIONAL OFFICERS AND DIRECTORS

D

Karzen, Elsie  
7920 Eastlake Dr. #19F  
Boca Raton, FL 33433

SIGNATURE:

*Melvyn Steinberg*

Signature of Signing Officer or Director

*4/18/08*

Date

(561) 483-4000

Daytime Phone #

TYPED OR PRINTED NAME OF SIGNING OFFICER: Melvyn Steinberg