2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 741722

Entity Name: BOCA GREENS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

75 NE 6 AVENUE
STE 206
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

75 NE 6 AVENUE
STE 206
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 59-1883981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POINTE MANAGEMENT GROUP, INC.
75 NE 6 AVENUE
#206
DELRAY BEACH, FL 33483 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: PD ( ) Delete
Name: KIKEN, GREGG
Address: 10238 CROSSWIND ROAD
City-St-Zip: BOCA RATON, FL 33498 US

Title: VPD ( ) Delete
Name: MILLER, NANMICHELE
Address: 19527 SEA PINES WAY
City-St-Zip: BOCA RATON, FL 33498 US

Title: D ( ) Delete
Name: SAFIEN, LOUIS
Address: 19572 SEDGEFIELD DR
City-St-Zip: BOCA RATON, FL 33498

Title: TD ( ) Delete
Name: BERNSTEIN, STANTON
Address: 10405 CANOE BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete
Name: APEL, FRED
Address: 10417 CANOE BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: SD ( ) Delete
Name: RICHMAN, MARK
Address: 10211 CROSSWIND RD
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: MILLER, NANMICHELE
Address: 19527 SEA PINES WAY
City-St-Zip: BOCA RATON, FL 33498 US

Title: VPD (X) Change ( ) Addition
Name: SLOAN, TOM
Address: 10357 CANOE BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33498

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: GREGG KIKEN PD 04/29/2009

Electronic Signature of Signing Officer or Director — Date