

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90028 002 ****61.25

DOCUMENT # 744559

1. Entity Name
BOCA RANCHO HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
CAS MANAGEMENT
951 BROKEN SOUND PKWY STE 250
BOCA RATON, FL 33487 US

Mailing Address
CAS MANAGEMENT
951 BROKEN SOUND PKWY STE 250
BOCA RATON, FL 33487 US

50023110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07182008 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-1917659

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESSINGER, JOEL
951 BROKEN SOUND PKWY
STE 250
BOCA RATON, FL 33487

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **LAVEZOLI, JIM**
STREET ADDRESS **22176-A BOCA RANCHO DR.**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **PD** ☐ Change ☒ Addition
NAME **DIGILIO, JOSEPH**
STREET ADDRESS **22224-B BOCA RANCHO DR.**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **TD** ☒ Delete
NAME **FLORENZA, ANGELO**
STREET ADDRESS **22180 D BOCA RANCHO DR.**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **VPD** ☐ Change ☒ Addition
NAME **MARCH, MARION**
STREET ADDRESS **22216 D BOCA RANCHO DR.**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **SD** ☒ Delete
NAME **COPPOLA, CAROL**
STREET ADDRESS **22189-D BOCA RANCHO DR**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **TD** ☐ Change ☒ Addition
NAME **HOFFER, CHRISTINE**
STREET ADDRESS **22232 A BOCA RANCHO DR**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **VPD** ☒ Delete
NAME **DIGILIO, JOSEPH**
STREET ADDRESS **22224-B BOCA RANCHO DR**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **SD** ☐ Change ☒ Addition
NAME **LAUB, JARED**
STREET ADDRESS **22200-B BOCA RANCHO DR.**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Jared Laub SD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06
Date

5619941728
Daytime Phone #