


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90047 019 \*\*\*\*61.25

<b>DOCUMENT # 747114</b>	
1. Entity Name <b>THE PATIOS OF BOCA BARWOOD CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>9170 SW 14TH ST. BOCA RATON, FL 33428-6801</b>	Mailing Address <b>9170 SW 14TH ST. BOCA RATON, FL 33428-6801</b>
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**40021258**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02022007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1985177</b>	Applied For <input type="checkbox"/> Not Applicable
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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	
<b>ROBERT KAYE &amp; ASSOCIATED, INC. 6261 NW 6 WAY SUITE 103 FORT LAUDERDALE, FL 33309</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State <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 \$61.25 Due by May 1, 2007</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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Delete <b>PAGANO, JAMES</b> <b>9165 SW 14TH STREET #1507</b> <b>BOCA RATON, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Fiorello, Carl</b> <b>9165 SW 14 Street #1504</b> <b>Boca Raton FL 33428</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>TOWLE, STEPHEN</b> <b>9220 SW 14 STREET #3502</b> <b>BOCA RATON, FL 33428</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Earl, Florence</b> <b>9220 S.W. 14 Street</b> <b>Boca Raton FL 33428</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>GRECO, JOHN</b> <b>9170 SW 14 STREET #4505</b> <b>BOCA RATON, FL 33428</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Faynor, Steve</b> <b>9165 SW. 14 St.</b> <b>Boca Raton FL 33428</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>RICCI, AL</b> <b>9165 SW 14TH STREET #1207</b> <b>BOCA RATON, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Sadelfeld, James</b> <b>9260 SW 14th St.</b> <b>Boca Raton FL 33428</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>CAMIS, ILSE</b> <b>9165 SW 14 ST 1406</b> <b>BOCA RATON, FL 33428</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>IORELLO, CARL</b> <b>9165 SW 14 ST. #1504</b> <b>BOCA RATON, FL 33428</b>	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 like empowered.

**SIGNATURE:** *James P. Pagano* *2/14/07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #