

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2007 8:00 am
Secretary of State

04-30-2007 90839 028 ****61.25

DOCUMENT # 750367

1. Entity Name
LA BOCA CASA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**365 NORTH OCEAN BLVD
BOCA RATON, FL 33432**

Mailing Address
**271 CROCKETT BLVD
MERRITT ISLAND, FL 32953**

66019051



03282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2595544

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

**TAKACS, JOE
271 CROCKETT BLVD.
MERRITT ISLAND, FL 32953**

Name **ROBERT PRICE**

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

271 CROCKETT BLVD

City **MERRITT ISLAND**

FL Zip Code **32953**

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 resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **P** ☐ Delete
NAME **HEIDRICH, JOSEPH H**
STREET ADDRESS **365 N OCEAN BLVD**
CITY - ST - ZIP **BOCA RATON, FL 33432**

TITLE **VPD** ☐ Delete
NAME **WHITE, CHARLES**
STREET ADDRESS **365 N OCEAN BLVD**
CITY - ST - ZIP **BOCA RATON, FL**

TITLE **STD** ☐ Delete
NAME **TOMKO, MARY**
STREET ADDRESS **365 N. OCEAN BOULEVARD**
CITY - ST - ZIP **BOCA RATON, FL 33432**

TITLE **STD** ☐ Delete
NAME **MACYUSKI, ALBERT**
STREET ADDRESS **365 N OCEAN BLVD**
CITY - ST - ZIP **BOCA RATON, FL 33432**

TITLE **D** ☒ Delete
NAME **OSCARSON, DAVE**
STREET ADDRESS **365 N OCEAN BLVD**
CITY - ST - ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **TOMKO, MARY LOU**
STREET ADDRESS **365 N OCEAN BLVD**
CITY - ST - ZIP **BOCA RATON, FL 33432**

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

TITLE **D** ☐ Change ☒ Addition
NAME **GLENER, HOWARD**
STREET ADDRESS **365 N OCEAN BLVD**
CITY - ST - ZIP **BOCA RATON, FL 33432**

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:

Joe Heidrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-06-07

Date

Daytime Phone #