
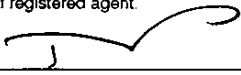



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90016 010 \*\*\*\*61.25

<b>DOCUMENT # 750367</b> 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		
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	4. FEI Number 59-2595544	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRICE, ROGER 271 CROCKETT BLVD. MERRITT ISLAND, FL 32953				Name <b>PRICE, ROBERT</b> Street Address (P.O. Box Number is Not Acceptable) <b>271 CROCKETT BLVD</b> City <b>MERRITT ISLAND FL</b> Zip Code <b>32953</b>	
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 		<b>ROBERT PRICE</b>		<b>03/12/08</b>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HEIDRICH, JOSEPH H</b> <b>365 N OCEAN BLVD</b> <b>BOCA RATON, FL 33432</b> <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	<b>VPD</b> <b>WHITE, CHARLES</b> <b>365 N OCEAN BLVD</b> <b>BOCA RATON, FL</b> <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	<b>D</b> <b>TOMKO, MARY</b> <b>365 N. OCEAN BOULEVARD</b> <b>BOCA RATON, FL 33432</b> <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	<b>STD</b> <b>MACYAUSKI, ALBERT</b> <b>365 N OCEAN BLVD</b> <b>BOCA RATON, FL 33432</b> <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	<b>D</b> <b>GLENER, HOWARD</b> <b>365 N OCEAN BLVD</b> <b>BOCA RATON, FL 33432</b> <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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>SCHWARTZ, RICHARD M</b> <b>365 N OCEAN BLVD</b> <b>BOCA RATON, FL 33432</b> <input type="checkbox"/> Change <input checked="" 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: 			<b>ALBERT MACYAUSKI</b> <b>3-10-08</b> <b>264-674-3260</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40040000

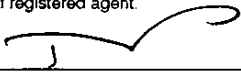


03122008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2595544 Applied For Not Applicable

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


7. Name and Address of New Registered Agent  
 Name PRICE, ROBERT  
 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  ROBERT PRICE 03/12/08  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008  
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 Make check payable to Florida Department of State

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SIGNATURE:  ALBERT MACYAUSKI 3-10-08 264-674-3260  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #