
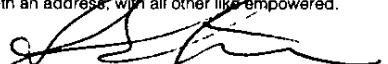


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90056 005 ****61.25

DOCUMENT # 750369 1. Entity Name THE PINES OF BOCA BARWOOD I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1215 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441 US		Mailing Address 1215 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441 US	
2. Principal Place of Business - No P.O. Box # Benchmark Property Mgmt. 7932 Wiles Road Coral Springs, FL 33067 US		3. Mailing Address Benchmark Property Mgmt. 7932 Wiles Road Coral Springs, FL 33067 US	
4. FEI Number 59-2054889		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL PROPERTY MANAGEMENT 1215 E. HILLSBORO BLVD DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name Robert Koye + Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 4261 N.W. Le Way Suite 103 Ft. Lauderdale FL 33309	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;"> SIGNATURE Robert Koye President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 3-1-07 <small>DATE</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2007		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	T	TITLE	P
NAME	ADELSTEIN, STUART M	NAME	Etienne, Surprise
STREET ADDRESS	23370 CAROLWOOD LANE #2-209	STREET ADDRESS	23380 Carolwood Lane 3-104
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	Boca Raton FL 33428
TITLE	VPD	TITLE	D
NAME	PASSANISI, DA	NAME	Sapphire, Alex
STREET ADDRESS	23385 BARWOOD LS #1-203	STREET ADDRESS	23370 Carolwood Lane 2-309
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	Boca Raton FL 33428
TITLE	D	TITLE	D
NAME	DILEO, ROSEANN	NAME	Collins, Helen
STREET ADDRESS	23395 CAROLWOOD LANE 4-107	STREET ADDRESS	23395 Carolwood Lane 4-404
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	Boca Raton FL 33428
TITLE	D	TITLE	SEC
NAME	ETIENNE, SURPRISE	NAME	Reverby, Awilda
STREET ADDRESS	23380 CAROLWOOD LANE 3-406	STREET ADDRESS	23385 Barwood Lane S. 1-304
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	SD	TITLE	Treas.
NAME	SAPPHIRE, ALEX	NAME	Line, Ronald
STREET ADDRESS	23370 CAROLWOOD LN 2-309	STREET ADDRESS	23385 Barwood Ln. S. #1207
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	Boca Raton FL 33428
TITLE	D	TITLE	D
NAME	MONTOYA, LUIS	NAME	Tosi, Steve
STREET ADDRESS	23395 CAROLWOOD LN 4-104	STREET ADDRESS	23380 Carolwood Lane # 3-207
CITY-ST-ZIP	BOCA RATON, FL 33428	CITY-ST-ZIP	Boca Raton FL 33428
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/27/07 <small>Date</small>	
		<small>Daytime Phone #</small>	

ATTACHMENT

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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 59-2054889	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADELSTEIN, STUART M		NAME	Rosado, Cecilia	
STREET ADDRESS	23370 CAROLWOOD LANE #2 -209		STREET ADDRESS	23370 Carolwood LN 2-204	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	Boca Raton FL 33428	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASSANISI, DA		NAME	MUSZYNSKI, Rafal	
STREET ADDRESS	23385 BARWOOD LS #1-203		STREET ADDRESS	23380 Carolwood Lane # 3-104	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	Boca Raton FL 33428	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DILEO, ROSEANN		NAME		
STREET ADDRESS	23395 CAROLWOOD LANE 4-107		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ETIENNE, SURPRISE		NAME		
STREET ADDRESS	23380 CAROLWOOD LANE 3-406		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAPPHIRE, ALEX		NAME		
STREET ADDRESS	23370 CAROLWOOD LN 2-309		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTOKA, LUIS		NAME		
STREET ADDRESS	23395 CAROLWOOD LN 4-104		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/27/07 Daytime Phone # _____		