

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90016 038 \*\*\*\*61.25

**DOCUMENT # 753544**

1. Entity Name  
**BOCA MARINA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**FIRST SOURCE MANAGEMENT, INC.  
3200 N FEDERAL HWY # 121  
BOCA RATON, FL 33431**

Mailing Address  
**FIRST SOURCE MANAGEMENT, INC.  
3200 N FEDERAL HWY # 121  
BOCA RATON, FL 33431**

**40055513**



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

03122007

Chg-NP

CR2E037 (12/06)

4. FEI Number

**59-2174005**

Applied For

Not Applicable

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

**FIRST SOURCE MANAGEMENT, INC.  
3200 N FEDERAL HWY, # 121  
BOCA RATON, FL 33431**

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
NAME  
**PAUL, DENNIS** ☐ Delete  
STREET ADDRESS  
**5278 BOCA MARINA CIRCLE SOUTH**  
CITY-ST-ZIP  
**BOCA RATON, FL 33487**

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

S  
NAME  
**STORCH, ROBERT** ☒ Delete  
STREET ADDRESS  
**5248 BOCA MARINA CIRCLE SOUTH**  
CITY-ST-ZIP  
**BOCA RATON, FL 33487**

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

2VP  
NAME  
**HEATZIG, BONNIE** ☒ Delete  
STREET ADDRESS  
**5304 BOCA MARINA CIRCLE NORTH**  
CITY-ST-ZIP  
**BOCA RATON, FL 33487**

☐ Change ☒ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2VP Allen RABINOWITZ  
630 MARINA COURT  
BOCA RATON FL 33487**

PD  
NAME  
**LEVINSON, BOB** ☒ Delete  
STREET ADDRESS  
**5262 BOCA MARINA CIR, S**  
CITY-ST-ZIP  
**BOCA RATON, FL 33487**

☐ Change ☒ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD Dave Bergman  
659 Boca Marina Court  
Boca Raton FL 33487**

VP  
NAME  
**BRENNAN, JUDY** ☐ Delete  
STREET ADDRESS  
**5334 BOCA MARINA**  
CITY-ST-ZIP  
**BOCA RATON, FL 33487**

☐ Change ☒ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD Steve Schoepf  
5252 Boca Marina Cir. So.  
Boca Raton FL 33487**

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #