

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90121 045 ****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	
2. Principal Place of Business - No P.O. Box # 21 SE 5TH STREET Suite, Apt. #, etc. #100		3. Mailing Address 21 SE 5TH STREET Suite, Apt. #, etc. #100			
City & State BOCA RATON FL		City & State BOCA RATON FL		4. FEI Number 59-2174005	
Zip 33432		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIRST SOURCE MANAGEMENT, INC. 3200 N FEDERAL HWY, # 121 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name TELESA BISHOP Street Address (P.O. Box Number is Not Acceptable) 21 SE 5TH STREET #100 BOCA RATON FL 33432	
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 <u><i>TC Bishop</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>7/21/08</u>					
Filing Fee is \$61.25 Due by September 12, 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	T PAUL, DENNIS 5278 BOCA MARINA CIRCLE SOUTH BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIMSKI, ED 636 BOCA MARINA + COURT BOCA RATON FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP RABINOWITZ, ALLEN 630 MARINA COURT BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERGMAN, DAVE 657 BOCA MARINA COURT BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRENNAN, JUDY 5334 BOCA MARINA BOCA RATON, FL 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHOEPP, STEVE 5252 BOCA MARINA CIR SO. BOCA RATON, FL 33487		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	<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: <u><i>Ed Zimski</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> <u>7/21/08</u> <small>Daytime Phone #</small>	