

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 755394**

1. Entity Name  
**BOCA HILL TOWNHOUSE CONDOMINIUM  
ASSOCIATION, INC**



Principal Place of Business

**N, INC.  
901 SOUTHWEST FOURTH AVE.  
BOCA RATON, FL 33432**

Mailing Address

**901 SW FOURTH AVE  
#B2  
BOCA RATON, FL 33432-5821 US**



02142008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2069584**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DOOLIN, CONSTANCE PRE  
901 SW 4TH AVE B2  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000013201**  
**05/08/08-80006-020 61.25**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	ROGERS, CINDY
STREET ADDRESS	901 SW 4TH AVE. B3
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VD
NAME	GAIL, HENRY
STREET ADDRESS	901 SW 4TH AVE A1
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	TD
NAME	DOOLIN, CONSTANCE
STREET ADDRESS	901 SW 4TH AVE. B2
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	PD
NAME	JONATHAN, WHITNEY
STREET ADDRESS	901 SW 4TH AVE B1
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 #

*Constance S. Doolin* **CONSTANCE S. DOOLIN** 4-17-08 561-394-2742