

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 759395

1. Entity Name
BOCA COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4513 SOUTH OCEAN BLVD., #1
HIGHLAND BEACH, FL 33487**

Mailing Address
**3201 S. OCEAN BLVD
#702
HIGHLAND BEACH, FL 33487**



04032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2167691

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**SCIORTINO, LORENZO
4513 SOUTH OCEAN BLVD., #1
HIGHLAND BEACH, FL 33487**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	SCIORTINO, LORENZO
STREET ADDRESS	3201 S. OCEAN BLVD #702
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	PD
NAME	ROMANO, AUDREY
STREET ADDRESS	4513 S. OCEAN BLVD. #2
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	SD
NAME	SCIORTINO, ROSARIA
STREET ADDRESS	3201 S. OCEAN BLVD #702
CITY-ST-ZIP	HIGHLAND BEACH, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000714409
04/27/07-80022-008 61.25

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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 #