

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

FILED
Apr 04, 2008 08:00 A
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



03312008 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
Fee Required

6. Name and Address of Current Registered Agent

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

**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

4.1.08

Filing Fee is \$61.25
Due by May 1, 2008

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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04/16/08-80011-014 61.25

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 #

4.1.08 561-575-9398