

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90045 024 ****61.25

DOCUMENT # 761155 1. Entity Name BOCA CIELO CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 201 SW 1 STREET, #1 BOCA RATON, FL 33432 US		Mailing Address 201 SW 1 STREET, #1 BOCA RATON, FL 33432 US	
2. Principal Place of Business - No P.O. Box # 201 SW 1st Street #		3. Mailing Address 201 SW 1st Street #4	
Suite, Apt. #, etc. #4		Suite, Apt. #, etc. #4	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33432		Country USA	
4. FEI Number 59-2003246		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, TERRY 201 SW 1 STREET, #1 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name: Travis Thomason Street Address (P.O. Box Number is Not Acceptable): 201 SW 1st Street #3 City: Boca Raton FL Zip Code: 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: Travis Thomason		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, TERRY 201 SW 1 STREET, #1 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mindy Guadagnino <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 201 SW 1st St #5 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MICELI, PAUL 201 SW 1ST ST #8 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Curt Hayes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 201 SW 1st St #6 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLDANO, TERRY 201 SW 1 STREET, #14 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth Murdoch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 201 SW 1st St #4 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STANGARONE, MICHAEL 201 S.W. 1ST STREET, 15 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMASON, TRAVIS <input type="checkbox"/> Change <input type="checkbox"/> Addition 201 SW 1ST ST #3 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMASON, TRAVIS 201 SW 1ST ST #3 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth Murdoch <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 201 SW 1st St #4 Boca Raton, FL 33432
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: Travis Thomason		4-27-07 561 441	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	