

1092

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED

07 JUN 26 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06252007 Chg-NP CR2E037 (12/06) 07

<b>DOCUMENT # 761575</b>			
1. Entity Name BOCA ENTRADA PROPERTY OWNER'S ASSOCIATION, INC.		Principal Place of Business 7500 OLD GEORGETOWN ROAD SUITE 750 BETHESDA, MD 20817	
2. Principal Place of Business - No P.O. Box # 5510 MOREHOUSE DR.		3. Mailing Address 5510 MOREHOUSE DR.	
Suite, Apt. #, etc. STE 200		Suite, Apt. #, etc. STE 200	
City & State SAN DIEGO, CA		City & State SAN DIEGO, CA	
Zip 92121		Country US	
4. FEI Number 59-3314134		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 SWANSON, RICH 5510 MOREHOUSE DRIVE SUITE 200 SAN DIEGO, CA, FL 92121		7. Name and Address of New Registered Agent Name: CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS ST. City: TALLAHASSEE FL Zip Code: 32301	
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>Sarah K. Drake</u> Sarah K. Drake as its agent DATE: 6/26/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 14, 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	PRES BOYNTON, RICHARD 5510 MOREHOUSE DRIVE, SUITE 200 SAN DIEGO, CA 92121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700104886597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERSKOVITZ, STAN 5510 MOREHOUSE DRIVE, SUITE 200 SAN DIEGO, CA 92121 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ACKISS, JOHN 7500 OLD GEORGETOWN ROAD, SUITE 750 BETHESDA, MD 20817 <input type="checkbox"/> Delete	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
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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 6/25/07 Daytime Phone #: 858-812-6711	



CORPORATION SERVICE COMPANY

2 of 2

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07 JUN 26 PM 2:44

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 968462 7289217

AUTHORIZATION :

COST LIMIT : \$ 61.25

ORDER DATE : June 26, 2007

ORDER TIME : 1:03 PM

ORDER NO. : 968462-010

CUSTOMER NO: 7289217

ANNUAL REPORT

NAME: BOCA ENTRADA PROPERTY  
OWNER'S ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Kathy Drake -- EXT# 2959

EXAMINER: \_\_\_\_\_