2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# 763517

Entity Name: BAY WOOD AT BOCA WEST PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

% LANG MANAGEMENT COMPANY, INC.
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

% LANG MANAGEMENT COMPANY, INC.
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 59-2484135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

ISAACSON, WILLIAM K AGENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

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.

SIGNATURE: WILLIAM K. ISAACSON 03/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: KLEIN, LANE
Address: 19628 BAY COVE DR
City-St-Zip: BOCA RATON, FL 33434

Title: 2VPD ( ) Delete
Name: KOVAL, LOU
Address: 19509 BAY VIEW RD
City-St-Zip: BOCA RATON, FL 33434

Title: PD ( ) Delete
Name: WEISMAN, JOEL
Address: 19527 BAY VIEW RD.
City-St-Zip: BOCA RATON, FL 33434

Title: 1VPD ( ) Delete
Name: BRODY, PAUL
Address: 19574 BAY VIEW RD
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete
Name: CUTLER, BERNIE
Address: 19544 BAY VIEW RD.
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL WEISMAN PD 03/30/2009
Electronic Signature of Signing Officer or Director Date