

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764054

FILED
Jul 09, 2007
Secretary of State

Entity Name: BOCA WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

19273 SABAL LAKE DR
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

19273 SABAL LAKE DR
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 59-2358938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLEN, LEWIS
20220 BOCA WEST DRIVE
204B
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LEVINE, BERNARD
Address: 6786 WILLOW WOOD DRIVE #1003
City-St-Zip: BOCA RATON, FL 33434

Title: P () Delete
Name: ALLEN, LEWIS
Address: 20220 BOCA W DR # 204B
City-St-Zip: BOCA RATON, FL 33434

Title: T () Delete
Name: SLATER, LEE
Address: 7054 WOODBRIDGE CIRCLE#43
City-St-Zip: BOCA RATON, FL 33434

Title: V () Delete
Name: BRODY, JAMES
Address: 20070 SAWGRASS LANE #4601
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: FRIEDMAN, EUGENE
Address: 3205 ST. CHARLES PLACE
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: SIMMONS, WILLIAM
Address: 1732 BRIDGEWOOD DRIVE
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: V (X) Change () Addition
Name: SCHULMAN, MORT
Address: 6996 WOODBRIDGE CIRC. #43
City-St-Zip: BOCA RATON, FL 33434

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: EUGENE FRIEDMAN

Electronic Signature of Signing Officer or Director

DIR

07/09/2007

Date