

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764054

FILED  
Jan 16, 2008  
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 ( )

**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:**

BOCA WEST HOMEOWNERS ASSN.INC.  
19273 SABAL LAKE DRIVE  
BOCA RATON, FL 33434 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: MATHEW WEISMAN

01/16/2008

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: SCHULMAN, MORT  
Address: 6996 WOODBRIDGE CIRC. #43  
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: P (X) Change ( ) Addition  
Name: WEISMAN, MATHEW  
Address: 1615 BRIDGEWOOD DR  
City-St-Zip: BOCA RATON, FL 33434

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: MATHEW WEISMAN

PRES

01/16/2008

Electronic Signature of Signing Officer or Director

Date