

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 765564

1. Entity Name
**THE CENTRE OF BOCA BARWOOD HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**23116 BARWOOD PARK LANE
BOCA RATON, FL 33433**

Mailing Address
**23116 BARWOOD PARK LANE
BOCA RATON, FL 33433**



01062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2234660

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REHARD, TAMERA
23145-B BARWOOD PARK LANE
BOCA RATON, FL 33433**

**DO NOT WRITE
IN THIS SPACE**

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 *Tamera Rehard*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-15-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PLANTAMURA, JOE
STREET ADDRESS	23155-C BARWOOD PK LN
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	T
NAME	REHARD, TAMERA
STREET ADDRESS	23145-B BARWOOD PK LN
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	S
NAME	DIMAGGIO, PAT
STREET ADDRESS	23155-A BARWOOD PARK LANE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/19/07-80017-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Tamera Rehard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-07 (541) 706 3151