

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 768210 1. Entity Name BOCA RIDGE PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business POINTE MANAGEMENT GROUP 75 NE 6TH AVE STE 206 BOCA RATON, FL 33428 US			Mailing Address POINTE MANAGEMENT GROUP 75 NE 6TH AVE STE 206 BOCA RATON, FL 33428 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 33483	Country	Zip 33483	Country		
6. Name and Address of Current Registered Agent ESTEBANEZ, ERIC 75 NE 6TH AVE #206 DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHONEY, WILLIAM 9270 KETAY CIRCLE BOCA RATON, FL 33428	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORTINA, LILLIAN 9320 KEATY CIRCLE BOCA RATON, FL 33428	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUNTTI, ROBERTO 9318 KETAY CIRCLE BOCA RATON, FL 33428	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE SIMONE, LISA M 9274 KETAY CIRCLE BOCA RATON, FL 33428	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHGARY, JAMES 9350 KETAY CIR BOCA RATON, FL 33428	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

FILED

05 OCT 11 PM 1:20

SECRET
TALLAHASSEE, FLORIDA



09222005 REIN-NP CR2E099 (6/04)

4. FEI Number
59-2499544

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

300060707313
10/18/05--01015--008 **\$61.25

Lillian Cortina

REINSTATEMENT