2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State
03-03-2008 90183 014 ****61.25

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1. Entity Name
BOCA RIDGE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
POINTE MANAGEMENT GROUP 75 NE 6TH AVE STE 206 BOCA RATON, FL 33483 US	POINTE MANAGEMENT GROUP 75 NE 6TH AVE STE 206 BOCA RATON, FL 33483 US

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02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2499544
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ESTEBANEZ, ERIC
75 NE 6TH AVE
#206
DELRAY BEACH, FL 33483

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MAHONEY, WILLIAM
STREET ADDRESS	9270 KETAY CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VP
NAME	CORTINA, LILLIAN
STREET ADDRESS	9320 KEATY CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	HOY, HEDDY
STREET ADDRESS	9271 KETAY CIR
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	S
NAME	DE SIMONE, LISA M
STREET ADDRESS	9274 KETAY CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	ROTHGARY, JAMES
STREET ADDRESS	9350 KETAY CIR
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: William D. Mahoney 2/27/08 561-477-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #