2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# 768359

Entity Name: BOCALINDA LAKES PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BOULEVARD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BOULEVARD
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 59-2539102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOOTZ, GAIL
8524 MICHAEL DRIVE
BOYNTON BEACH, FL 33437 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:	D	( ) Delete
Name:	SCHMIDT, KENETHA	
Address:	8499 THERESA RD	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	SD	(X) Delete
Name:	ABDO, DEBORAH	
Address:	5117 LITTLE BETH DRIVE NORTH	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	D	( ) Delete
Name:	BRACONE WOOTEN, JANET	
Address:	8330 MICHAEL DR	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	D	( ) Delete
Name:	BROWN, JAMES	
Address:	8461 RAYMOND DR	
City-St-Zip:	BOYNTON BEACH, FL 33437	
Title:	P	( ) Delete
Name:	MOOTZ, GAIL	
Address:	8524 MICHAEL DRIVE	
City-St-Zip:	BOYNTON BEACH, FL 33437	

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:	( ) 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: GAIL MOOTZ P 03/16/2009

Electronic Signature of Signing Officer or Director — Date