

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768359

FILED  
Jan 27, 2010  
Secretary of State

**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:**

THE CONTINENTAL GROUP INC.  
6300 PARK OF COMMERCE BOULEVARD  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

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

**New Mailing Address:**

THE CONTINENTAL GROUP INC.  
6300 PARK OF COMMERCE BOULEVARD  
BOCA RATON, FL 33487 US

**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  
Name: SCHMIDT, KENETHA  
Address: 8499 THERESA RD  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP  
Name: BRACONE WOOTEN, JANET  
Address: 8330 MICHAEL DR  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T  
Name: BROWN, JAMES  
Address: 8461 RAYMOND DR  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: P  
Name: MOOTZ, GAIL  
Address: 8524 MICHAEL DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D  
Name: MOSCHETTE, FRANK  
Address: 8422 THERESA ROAD  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D  
Name: PELKEY, TREVOR  
Address: 5083 LITTLE BETH DR. N  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby 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 all other like empowered.

SIGNATURE: GAIL MOOTZ

P

01/27/2010

Electronic Signature of Signing Officer or Director

Date