

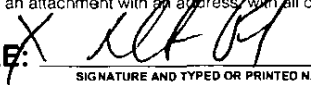


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90040 026 ****61.25

DOCUMENT # 769562 1. Entity Name MERIDIANA AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1215 E HILLSBORO BLVD STE 202 DEERFIELD BCH, FL 33441 US			Mailing Address 1215 E HILLSBORO BLVD STE 202 DEERFIELD BCH, FL 33441 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2389597	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, PAUL 22683 MERIDIANA DR BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, PAUL <input checked="" type="checkbox"/> Delete 22683 MERIDIANA DR BOCA RATON, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHNELL, PETER <input checked="" type="checkbox"/> Delete 22607 MERIDIANA DR BOCA RATON, FL 33433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, JACK <input checked="" type="checkbox"/> Delete 22722 MERIDIANA DR BOCA RATON, FL 33433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, BOB <input type="checkbox"/> Delete 22579 MERIDIANA DR BOCA RATON, FL 33433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KESSELMAN, BONNIE <input type="checkbox"/> Delete 22602 MERIDIANA DR BOCA RATON, FL 33433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAPLAN, HARVEY <input type="checkbox"/> Delete 22702 MERIDIANA DR BOCA RATON, FL 33433				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
President <input type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT POST 22530 meridian Dr BOCA RATON, FL 33433					
VP <input type="checkbox"/> Change <input type="checkbox"/> Addition JOEL DIAMOND 22654 meridian Dr BOCA RATON FL 33433					
D <input type="checkbox"/> Change <input type="checkbox"/> Addition BARRY OSTER 22585 meridian Dr BOCA RATON FL 33433					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:  ROBERT POST, PRESIDENT 7/19/07 561-368-2474 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					