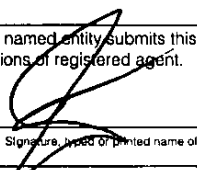


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90095 020 ****61.25

DOCUMENT # 769677 1. Entity Name BOCA ISLE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10034 W MCNAB RD TAMARAC, FL 33321 US			Mailing Address 10034 W MCNAB RD TAMARAC, FL 33321 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01182007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2390458	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILES, JAMES R 10034 W MCNAB RD TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name <u>Law Office of Joshua Gerstein P.A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1499 W Palmetto Park Rd, Ste 412</u> City <u>Boca Raton</u> FL Zip Code <u>33486</u>	
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 <u>2/10/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		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	VD KLEIN, ROBERT ☐ Delete 10034 W MCNAB RD TAMARAC, FL 33321			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, PAUL ☐ Delete 10034 W MCNAB RD TAMARAC, FL 33321			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD KROCK, VENESSA ☐ Delete 10034 W MCNAB RD TAMARAC, FL 33321			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <u>Hroch, Vanessa</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBEY, ADRIEN ☐ Delete 10034 W MCNAB RD TAMARAC, FL 33321			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Henderson PAUL ANDERSEN</u>				Date <u>3/1/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	