

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00681

FILED  
Feb 14, 2011  
Secretary of State

**Entity Name:** COUNTRYPARK AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1750 N. UNIVERSITY DR. #205  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

1750 N. UNIVERSITY DR. #205  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

**FEI Number:** 59-2373578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWIFT MANAGEMENT SOLUTIONS, INC.  
1750 N. UNIVERSITY DR. #205  
CORAL SPRINGS, FL 33071 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: LORENZO, KRISTEN  
Address: 23268 LIBERTY BELL TERRACE  
City-St-Zip: BOCA RATON, FL 33433

Title: SD  
Name: NASTI, CAROLYN  
Address: 23264 CEDAR HOLLOW WAY  
City-St-Zip: BOCA RATON, FL 33433

Title: PD  
Name: ATKINSON, JANICE  
Address: 23269 NOELWAY  
City-St-Zip: BOCA RATON, FL 33433

Title: VPD  
Name: LAYE, JONATHAN  
Address: 23262 NOEL WAY  
City-St-Zip: BOCA RATON, FL 33433

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: JANICE ATKINSON

PD

02/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date