# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 02, 2008**
**Secretary of State**

DOCUMENT# N00828

**Entity Name:** BOCA GLADES "A" CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8489 BOCA GLADES BLVD EAST
BOCA RATON, FL 33434

**New Principal Place of Business:**

**Current Mailing Address:**

8489 BOCA GLADES BLVD EAST
BOCA RATON, FL 33434

**New Mailing Address:**

**FEI Number: 59-2508580** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

MARINO, TOM
8257 BOCA GLADES BLVD EAST
BOCA RATON, FL 33434 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: | TD | ( ) Delete |
| Name: | WEGIEL, WAYNE | |
| Address: | 8381 BOCA GLADES E. | |
| City-St-Zip: | BOCA RATON, FL 33433 | |
| Title: | SD | ( ) Delete |
| Name: | ESPANOL, JUAN F | |
| Address: | 8429 BOCA GLADES BLVD EAST | |
| City-St-Zip: | BOCA RATON, FL 33434 | |
| Title: | VD | (X) Delete |
| Name: | MANCUSO, ARTHUR | |
| Address: | 8379 BOCA GLADES BLVD EAST | |
| City-St-Zip: | BOCA RATON, FL 33434 | |
| Title: | D | ( ) Delete |
| Name: | CARREFFA, SHEILA | |
| Address: | 8395 BOCA GLADES BLVD EAST | |
| City-St-Zip: | BOCA RATON, FL 33434 | |
| Title: | PD | ( ) Delete |
| Name: | MARINO, TOM | |
| Address: | 8257 BOCAGLADES BLVD EAST | |
| City-St-Zip: | BOCA RATON, FL 33434 | |

**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: WAYNE F. WEGIEL TREA 09/02/2008
Electronic Signature of Signing Officer or Director — Date