## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2008 8:00 am Secretary of State

DOCUMENT # N01351  1. Entity Name THE ISLAND AT BOCA WEST HOMEOWNERS' ASSOCIATION, INC.					04-23-2008	8 90035 016 ****	70.00
Principal Place of Business 21045 COMMERICAL TRAIL BOCA RATON, FL 33486 US  Address 21045 COMMERICAL TRAIL BOCA RATON, FL 33486 US  BOCA RATON, FL 33486 U							
Principal Place of Business - No P.O. Box #     Mailing Add				]			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (12/06)	
City & State		City & State	City & State		974		pplied For
Zip	Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Ad	Iditional
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New R	Registered Agent	
WILLIAM	C ISAACSON		Name	e see ese s	· - ·		
WILLIAM K. ISAACSON, LANG MGT. CO. 21045 COMMERICAL TRAIL BOCA RATON, FL 33456			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
BOCARA	TON, FL 33430		City			FL Zip Coo	de
	named entity submits this statement fo	r the purpose of changing its	registered office or	registered agent, or both,	in the State of Fk		, and accept
the obligat	tions of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent.						
į.	Signature, typed or printed name or registered agent	and title if applicable. (NO)	FE: Registered Agent signatu	ire required when reinstating)		DATE	
,	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Ca	mpaign Financing	\$5.00 May Be Added to Fees	1	DATE  Make check payable trida Department of S	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Ca Trust Fund	mpaign Financing	\$5.00 May Be Added to Fees	Flor	Make check payable trida Department of S	State
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12. I hereby certify that the information supplied with this liting does not quality for the exemptions contained in Chapter 119. Horida Statutes: I further certify that the information indicated on this report or supplemental report is rure 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 11 if changed, or on an attachment with an address with all other like empowered.

THEO OR PRINTED NAME OF SUSHING DEFICER OR DIRECTOR

SIGNATURE: .

Date Daytime Phone #