

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009968

FILED
Apr 08, 2009
Secretary of State

Entity Name: BOCA VISTA COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

PRIME MANAGEMENT
6300 PARK OF COMMERCIAL
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

PRIME MANAGEMENT
6300 PARK OF COMMERCIAL
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 51-0465341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDALL K ROGER & ASSOCIATES, PA
621 NW 53RD STREET
STE 300
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

GOLDIN, JOHN
10183 BOCA VISTA DRIVE
BOCA RATON, FL 33498 US

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: JOHN GOLDIN

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOLDIN, JOHN
Address: BOCA VISTA DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: DS () Delete
Name: SHKOP, MARK
Address: 10094 BOCA VISTA DR
City-St-Zip: BOCA RATON, FL 33498

Title: DT () Delete
Name: MAHPRAJ, RABINRANATH
Address: 10174 BOCA VISTA DRIVE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GOLDIN, JOHN
Address: 10183 BOCA VISTA DRIVE
City-St-Zip: BOCA RATON, FL 33498

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: LYNNE GAUDET

CAM

04/08/2009

Electronic Signature of Signing Officer or Director

Date