

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000001930**

1. Entity Name  
**BOCA ROYALE GOLF PROPERTY OWNERS  
MAINTENANCE ASSOCIATION, INC. UNIT 10**



Principal Place of Business

**1 SOUTH GULFVIEW DRIVE  
ENGLEWOOD, FL 34223**

Mailing Address

**1 SOUTH GULFVIEW DRIVE  
ENGLEWOOD, FL 34223**

**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

**83-0374104**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KLINGBEIL, ROBERT T JR  
341 VENICE AVENUE WEST  
VENICE, FL 34285**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THOMPSON, GEORGE R JR  
ONE SOUTH GOLFVIEW DRIVE  
ENGLEWOOD, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THOMPSON, ANDREW M  
ONE SOUTH GOLFVIEW DRIVE  
ENGLEWOOD, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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03/01/07-80048-023 61.25

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**George R Thompson 2-16-07 941-475-6684**

Date

Daytime Phone #