


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90843 033 ****61.25

DOCUMENT # N04000004697 1. Entity Name BOCCAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3527 PALM HARBOR BLVD. PALM HARBOR, FL 34683			Mailing Address P.O. BOX 1418 PALM HARBOR, FL 34682		
2. Principal Place of Business - No P.O. Box # 3639 CORTEZ RD.W		3. Mailing Address P.O. BOX 916			
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc.			
City & State BRADENTON FL		City & State BRADENTON FL		4. FEI Number 20-1095622	
Zip 34210		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34206		Country		04232007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent MELROSE MANAGEMENT GROUP 3527 PALM HARBOR BLVD. PALM HARBOR, FL 34683				7. Name and Address of New Registered Agent Name DIANE S. BARCUS Street Address (P.O. Box Number is Not Acceptable) 2233 11th AVE. W. City BRADENTON FL Zip Code 34205	
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 <u><i>Diane S. Barcus, mgr.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/20/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME SCHOETTELKOTTE, PAUL STREET ADDRESS 3550 BUSCHWOOD PARK DRIVE, SUITE 180 CITY-ST-ZIP TAMP, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE P/D NAME PATRICIA KROHMER STREET ADDRESS 1913 24th St. Cir. W. CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MARTIN, ALLISON STREET ADDRESS 3550 BUSCHWOOD PARK DRIVE, SUITE 180 CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE VP/D NAME BRIAN (RICK) SIRDIS STREET ADDRESS 1915 24th St. Cir. W. CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME DAWKINS, JASON STREET ADDRESS 3550 BUSCHWOOD PARK DRIVE, SUITE 180 CITY-ST-ZIP TAMPA, FL 33618	<input checked="" type="checkbox"/> Delete		TITLE T/D NAME ROBERT BOURGETTE STREET ADDRESS 1923 24th St. Cir. W. CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE S/D NAME DEBORAH FRIES STREET ADDRESS 1925 24th St. Cir. W. CITY-ST-ZIP PALMETTO, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME WILLIAM NEHLING STREET ADDRESS 1919 24th St. Cir. W. CITY-ST-ZIP PALMETTO FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Patricia Krohmer</i></u> PATRICIA KROHMER, PRES. <u>4/23/07</u> <u>941-746-4998</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					