

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 21, 2009  
Secretary of State**

DOCUMENT# N0400000516

Entity Name: BOYETTE OAKS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

FEI Number: 57-120666      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RIZZETTA & COMPANY, INC.  
5844 OLD PASCO ROAD  
SUITE 100  
WESLEY CHAPEL, FL 33544 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: P ( ) Delete  
Name: CHIRINO, ANA  
Address: 29847 PRAIRIE FALCON DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: VP ( ) Delete  
Name: RAPPAPORT, MICHAEL  
Address: 6805 GREEN HERON DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: ST ( ) Delete  
Name: NEWMAN, MOHAMMED  
Address: P. O. BOX 270001  
City-St-Zip: TAMPA, FL 33688

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WILDE, SUSAN  
Address: 29834 PRAIRIE FALCON  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D ( ) Change (X) Addition  
Name: SHERMAN, JOELISA  
Address: 6815 GREEN HERON DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D ( ) Change (X) Addition  
Name: ACOSTA, JORGE  
Address: 6831 GREEN HERON DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544

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: ANA CHIRINO

P

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date