

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90028 031 ****61.25

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1. Entity Name

TRIESTE AT BOCA RATON MASTER ASSOCIATION,
INC.



Principal Place of Business

5300 W ATLANTIC AVE SUITE 300
DELRAY BEACH FL 33484

Mailing Address

1215 E HILLSBORO BLVD
DEERFIELD BEACH FL 33441



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-2524210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEFFREY R. MARGOLIS, P.A.
C/O DUANE MORRIS LLP
200 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete
NAME DONNELLY, MICHAEL
STREET ADDRESS 5300 ALTERATE AVE SUITE 300
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☒ Delete
NAME BUCK, LAWRENCE
STREET ADDRESS 5300 W ATLANTIC BLVD STE 300
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☒ Delete
NAME LOVELADY, RYAN
STREET ADDRESS 5300 W ATLANTIC BLVD STE 300
CITY-ST-ZIP DELRAY BEACH FL 33484

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME President/Dia
STREET ADDRESS Rosenthal, Miles
CITY-ST-ZIP 5550 NE TRIESTE TERR
Boca Raton FL 33487

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Czarnicki, Gerald
CITY-ST-ZIP 636 NE FRANCESCA LANE
Boca Raton FL 33487

TITLE ☐ Change ☒ Addition
NAME Treasurer/Dia
STREET ADDRESS Brown, Martin
CITY-ST-ZIP 5540 NE TRIESTE TERR
Boca Raton FL 33487

TITLE ☐ Change ☐ Addition
NAME V. Pres
STREET ADDRESS Cairo, Mercedes
CITY-ST-ZIP 616 NE FRANCESCA LANE
Boca Raton FL 33487

TITLE ☐ Change ☐ Addition
NAME Sec/Dia
STREET ADDRESS Nelson, Ramona
CITY-ST-ZIP 613 NE FRANCESCA LANE
Boca Raton FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature]