

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005611

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** TRIESTE AT BOCA RATON MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

1215 EAST HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

1215 E HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

**FEI Number:** 20-2524210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL PROPERTY MANAGEMENT  
1215 EAST HILLSBORO BLVD  
DEERFIELD, FL 33441 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: VPD  
Name: ROSENTHAL, MILES  
Address: 5550 NE TRIESTE TERR  
City-St-Zip: BOCA RATON, FL 33487

Title: PD  
Name: CZARNECKI, GERALD  
Address: 636 NE FRANCESCA LANE  
City-St-Zip: BOCA RATON, FL 33487

Title: TD  
Name: HELLER, GREG  
Address: 663 N.E. TRIESTE LANE  
City-St-Zip: BOCA RATON, FL 33487

Title: SD  
Name: NEWILL, JIM  
Address: 5655 NE TRIESTE WAY #107P  
City-St-Zip: BOCA RATON, FL 33487

Title: D  
Name: GOVBERG, JEFFREY  
Address: 5590 NE TRIESTE TERRACE #084R  
City-St-Zip: BOCA RATON, FL 33487

I hereby 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 all other like empowered.

SIGNATURE: GERRY CZARNECKI

PRES

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date