

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90014 010 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000007957 1. Entity Name VISTAZO AT BOCA RATON COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 8190 STATE ROAD 84 DAVIE, FL 33324		Mailing Address 8190 STATE ROAD 84 DAVIE, FL 33324	
2. Principal Place of Business - No P.O. Box # 3951 NW 38th Cir		3. Mailing Address Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33431		Zip 33431	
Country United States		Country United States	
4. FEI Number 20-1491946		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATRICIA KIMBALL FLETCHER, P.A. 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131		7. Name and Address of New Registered Agent The Law Offices of Katzman & Korr, P.A. 1501 Northwest 49th Street, Suite 202 Fort Lauderdale, Florida 33309	
8. The above named entity submits this statement for the purpose of changing its registered office with, and accepting the obligations of registered agent.			
SIGNATURE 		Leigh C. Katzman, Esq. 2/16/07 (NOTE: Registered Agent signature required when reinstating)	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SCHRAGER, MARLENE STREET ADDRESS 8190 STATE ROAD 84 CITY-ST-ZIP DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT NAME HENRY UGARTECHEA STREET ADDRESS 3795 NW 5th Terrace CITY-ST-ZIP Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME DRUCKER, ROSLYN STREET ADDRESS 8190 STATE ROAD 84 CITY-ST-ZIP DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE Vice President NAME Claudine Provost-Heron STREET ADDRESS 3627 NW 5th Terrace CITY-ST-ZIP Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD NAME VANESS, RICHARD STREET ADDRESS 8190 STATE ROAD 84 CITY-ST-ZIP DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Lea Souza STREET ADDRESS 3603 NW 5th Terrace CITY-ST-ZIP Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Treasurer NAME Jacob Shubov STREET ADDRESS 3630 NW 5th Terrace CITY-ST-ZIP Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Director NAME Jeff McDonough STREET ADDRESS 345 NW 35th Place CITY-ST-ZIP Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" 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:		Henry Ugartechea, President 2/15/07 (561)929-8100	