2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 09, 2007 8:00 am DOCUMENT # N0400009640 Secretary of State 1. Entity Namo 05-09-2007 90098 013 ****61.25 BOCA CROWN CENTRE CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 7999 NORTH FEDERAL HIGHWAY, SUITE 202 P.O. BOX 643717 **BOCA RATON FL 33487** VERO BEACH FL 32964 2. Principal Place of Business - No P.O. Box, Mailing Address HAIRMAN & AIRMM Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) NW 1281 City & State City & State 4. FEI Number Applied For BOCA RATON 55-0898157 Not Applicable \$8.75 Additional ર્જ્ય431 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSTINE, DAVID A ESO. Street Address (P.O. Box Number is Not Acceptable) 7999 NORTH FEDERAL HIGHWAY SUITE 202 **BOCA RATON FL 33481** 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 e, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete THEF ☐ Addition NAME RUSTINE, DAVID NAME STREET ADDRESS STREET ADDRESS 7999 NORTH FEDERAL HIGHWAY, SUITE 202 CHTY - ST-ZIP CITY ST-ZIP **BOCA RATON FL 33487** TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME RUSTINE, REBECCA S NAME STREET ADDRESS STREET ADDRESS 7999 NORTH FEDERAL HIGHWAY, SUITE 202 CITY - ST - ZIP CITY-ST-ZIP **BOCA RATON FL 33481** TITLE ☐ Delete TEFFE Change ☐ Addition D NAME NAME JENNY, CRAIG STREET ADDRESS STREET ADORESS 7999 NORTH FEDERAL HIGHWAY, SUITE 202 CITY - ST- ZIP CHY-SI-ZIP **BOCA RATON FL 33481** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-7IP CHY-ST-7IP me Delete Change ☐ Addition THE NAME NAMI STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CUTY-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 eath; 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 attackment with an address, with all other like empowered.

FILED

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