

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90185 023 \*\*\*\*61.25

**DOCUMENT # N04414**

1. Entity Name  
**BOCA FONTANA PATIO HOMES MAINTENANCE  
ASSOCIATION, INC.**



Principal Place of Business  
**6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US**

Mailing Address  
**C/O PRIME MGMT GROUP  
6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US  
c/o FIRST SOURCE Mgmt.**

400000



2. Principal Place of Business - No P.O. Box #  
**c/o First Source Mgmt Inc**  
Suite, Apt. #, etc.  
**3200 No. Federal Hwy**

3. Mailing Address  
**3200 No. Federal Hwy**  
Suite, Apt. #, etc.  
**# 121**

03122007 Chg-NP CR2E037 (12/06)

City & State  
**Boca Raton FL**  
Zip  
**33431** Country

City & State  
**Boca Raton FL**  
Zip  
**33431** Country

4. FEI Number  
**59-2475792** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**COMMUNITY ASSOCIATION SVCS, INC  
951 BROKEN SOUND PKWY, NM  
STE 250  
BOCA RATON, FL 33487-3531**

## 7. Name and Address of New Registered Agent

Name  
**FIRST SOURCE MANAGEMENT INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3200 N. Federal Hwy**  
Suite  
**121**  
City  
**Boca Raton** FL Zip Code  
**33431**

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]** **FIRST SOURCE MANAGEMENT, INC.** **3/22/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 NAME STREET ADDRESS CITY - ST - ZIP	SD TELLER, NORMAN 19897 VILLA MEDICI PLACE BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARWOOD, AMY 19961 VILLA MEDICI PLACE BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAZZERELLA, LOUIS 19848 VILLA MEDICI PLACE BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRAY, JUSTIN 9099 CHATSWORTH CASCADES BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BASTIAN, JUERGEN 9051 CHATSWORTH CAJCADES BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 **[Signature]** **President** **3-22-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #