2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State
02-02-2005 90057 028 ****61.25

DOCUMENT # N04415

1. Entity Name
BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.

50009573

Principal Place of Business	Mailing Address
C/O COMMUNITY ASSOC. SERVICE 951 BROKEN SOUND PARKWAY BOCA RATON, FL 33487 US	C/O COMMUNITY ASSOC. SERVICE 951 BROKEN SOUND PARKWAY BOCA RATON, FL 33487 US

01052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o Prime Mngt.	c/o Prime Mngt Group
Suite, Apt. #, etc. 6300 Park of Commerce Blvd	Suite, Apt. #, etc. 6300 Park of Commerce Blvd
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33487 Country USA	Zip 33487 Country USA

4. FEI Number
59-2475800
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PARKWAY
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DAVIS, RICHARD 9621 TRITON CT. BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASTD MCDONALD, PRESTON 9960 MAJORCA PLACE BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAZZARELLA, LOUIS 19848 VILLA MEDICI BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DIMBERT, STUART 9960 MAJORCA PLACE BOCA RATON, FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Teresa McDonald Vice President 1-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #