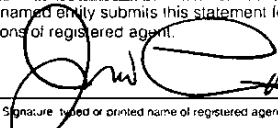
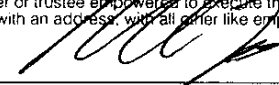


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90085 023 ****61.25

DOCUMENT # N04415 1. Entity Name BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BOULEVARD BOCA RATON, FL 33487 US <i>C/O FIRST SOURCE MGMT</i>			Mailing Address C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BOULEVARD BOCA RATON, FL 33487 US <i>C/O FIRST SOURCE MGMT</i>		
2. Principal Place of Business - No P.O. Box # 3200 N. FEDERAL HWY		3. Mailing Address 3200 N. FEDERAL HWY			
Suite, Apt. #, etc. STE 121		Suite, Apt. #, etc. STE 121			
City & State BOCA RATON FL		City & State BOCA RATON FL			
Zip 33431		Country USA		4. FEI Number 59-2475800	
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 FIRST SOURCE MANAGEMENT INC. Street Address (P.O. Box Number is Not Acceptable) 3200 N. FEDERAL HIGHWAY STE 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  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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIVIERI, RALPH 9648 TRITON COURT BOCA RATON, FL 33434 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D.S ROBERT ZEIGEN 9748 COURT OF THE OAKS BOCA RATON, FL 33431 ☐ 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	D HARWOOD, AMY 19961 VILLA MEDICI BOCA RATON, FL 33434 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, STEVE 9960 MAJORCA PLACE BOCA RATON, FL 33434 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPARD, CLIFF 9629 TRIVOLI PLACE BOCA RATON, FL 33434 ☐ 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 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:  ROBERT ZEIGEN, Sec'y 2/7/07 (561) 994-5050 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

90009007



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2475800

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

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 HIGHWAY
STE 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
(NOTE: Registered Agent signature required when reinstating) DATE

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
D OLIVIERI, RALPH 9648 TRITON COURT BOCA RATON, FL 33434 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
T.D.S ROBERT ZEIGEN 9748 COURT OF THE OAKS BOCA RATON, FL 33431 ☐ 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
PD MAZZARELLA, LOUIS 19848 VILLA MEDICI BOCA RATON, FL 33434 ☒ Delete

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D HARWOOD, AMY 19961 VILLA MEDICI BOCA RATON, FL 33434 ☐ Delete

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SIGNATURE: [Signature] ROBERT ZEIGEN, Sec'y 2/7/07 (561) 994-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #