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	Mailing Address
C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BOULEVARD BOCA RATON, FL 33487 US c/o FIRST SOURCE MGMT	C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BOULEVARD BOCA RATON, FL 33487 US c/o FIRST SOURCE MGMT

01092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3200 N. FEDERAL HWY	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	Zip: 33431 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	7. Name and Address of New Registered Agent
COMMUNITY ASSOCIATION SERVICES 951 BROKEN SOUND PARKWAY BOCA RATON, FL 33487	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. DATE: 3/22/07
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, 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 ORANGES 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 TRIVOLO 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 #