2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State
02-19-2008 90016 043 ****61.25

DOCUMENT # N04415

1. Entity Name
BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O FIRST SOURCE MGMT~~ ~~3200 N FEDERAL HWY~~ ~~BOCA RATON, FL 33431 US~~	~~C/O FIRST SOURCE MGMT~~ ~~3200 N FEDERAL HWY~~ ~~BOCA RATON, FL 33431 US~~

01152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O Phoenix Management	C/O Phoenix Management
Suite, Apt. #, etc. 4800 N. State Road 7 # 105	Suite, Apt. #, etc. 4800 N. State Rd 7 #105
City & State Lauderdale Lakes, FL	City & State Lauderdale Lakes, FL
Zip 33319 Country USA	Zip 33319 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

~~FIRST SOURCE MGMT INC~~
~~3200 N FEDERAL HWY~~
~~STE 121~~
~~BOCA RATON, FL 33431~~

7. Name and Address of New Registered Agent

Name Phoenix Management Services
Street Address (P.O. Box Number is Not Acceptable) 4800 N. State Road 7
#105
City Lauderdale Lakes FL Zip Code 33319

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 Kerry Traylor - agent for the association DATE 2/14/08
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, 2008

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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDS ZEIGEN, ROBERT 9748 CT OF THE ORANGES BOCA RATON, FL 33431	☐ 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
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 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] ROBERT C. ZEIGEN, TREAS 1/24/08 561 999-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #