

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04415

FILED
Feb 05, 2010
Secretary of State

Entity Name: BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PHOENIX MANAGEMENT SERVICES INC.
4800 N STATE ROAD 7 SUITE 105
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

C/O PHOENIX MANAGEMENT SERVICES INC.
4800 N STATE ROAD 7 SUITE 105
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

FEI Number: 59-2475800 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT SERVICES INC.
4800 N STATE RD 7
STE 105
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: OLIVIERI, RALPH
Address: 9648 TRITON COURT
City-St-Zip: BOCA RATON, FL 33434

Title: TD
Name: ZEIGEN, ROBERT
Address: 9748 CT OF THE ORANGES
City-St-Zip: BOCA RATON, FL 33434

Title: SD
Name: HARWOOD, AMY
Address: 19961 VILLA MEDICI PLACE
City-St-Zip: BOCA RATON, FL 33434

Title: PD
Name: SMITH, STEVE
Address: 9960 MAJORCA PLACE
City-St-Zip: BOCA RATON, FL 33434

Title: D
Name: BELL, BEVERLY
Address: 9564 TRITON COURT
City-St-Zip: BOCA RATON, FL 33434

Title: D
Name: COHEN, ROBIN
Address: 19921 VILLA MEDICI PLACE
City-St-Zip: BOCA RATON, FL 33434 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVE SMITH

PD

02/05/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date