2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90200 037 ****61.25

DOCUMENT # N04488

1. Entity Name
THE PALMS AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O COMMUNITY ASSOC. SERVICES 951 BROKEN SOUND PRKWY STE 250 BOCA RATON, FL 33487	C/O COMMUNITY ASSOC. SERVICES 951 BROKEN SOUND PRKWY STE 250 BOCA RATON, FL 33487

02152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
c/o Benchmark Property Mgmt.	Benchmark Property Mgmt.
Suite, Apt. #, etc.: 7932 Wiles Road	Suite, Apt. #, etc.: 7932 Wiles Road
City & State: Coral Spngs, FL	City & State: Coral Spngs, FL
Zip: 33067 Country: USA	Zip: 33067 Country: USA

4. FEI Number: 65-0110568 ☐ 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
MESSINGER, JOEL COMMUNITY ASSOCIATION SERVICES 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487	Name: Meclosky, Dianna + Dieterle, LLP Street Address (P.O. Box Number is Not Acceptable): 2300 Glades Road Suite 400 - East Tower 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: Ronald E. Dieterle April 24, 2007
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	DT ADAMS, JOAN 7884 TRAVELERS TREE DR. BOCA RATON, FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ben-Shalom, Gloria 7889 Travers Tree Boca Raton, FL 33433	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP AU KORNBLUM, IRWIN 7985 TRAVELERS TREE DR BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Streisfeld, mark 7785 Traveler Tree Drive Boca Raton FL 33433	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2V GOLDBERG, ALAN 8004 TRAVELERS TREE DR BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Jacobson, Sondra 23371 Feather Palm Court Boca Raton FL 33433	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2V BEN-SHALOM, GLORIA 7889 TRAVELERS TREE BOCA RATON, FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Katari, Martin 7784 Travelers tree Drive Boca Raton FL 33433	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STREISFELD, MARK 7785 TRAVELERS TREE DRIVE BOCA RATON, FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vuletic, Petar 7796 Travelers Tree Drive Boca Raton FL 33433	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HACKMAN, DON 7821 TRAVELERS TREE DR BOCA RATON, FL 33433	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Meiseles, Sandford 8016 Travelers Tree Drive Boca Raton FL 33433	☐ 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: _____ 3/5/07 561-361-4357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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THE PALMS AT BOCA ~~POINTE~~ HOMEOWNERS' ASSOCIATION, INC.

ATTACHMENT

40086138

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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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4. FEI Number 65-0110568 ☐ Applied For ☐ Not Applicable

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

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MESSINGER, JOEL
COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY #250
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name SEE 1ST PAGE

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KORNBLOW, IRWIN 7985 TRAVELESS TREE DR BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STREISFELD, MARK 7785 TRAVELERS TREE DRIVE BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HACKMAN, DON 7821 TRAVELERS TREE DR BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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SIGNATURE: _____ 2/5/07 561-361-8357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #