## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT** DOCUMENT # N04488 1. Entity Name THE PALMS AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Corul

C/O COMMUNITY ASSOC. SERVICES 951 BROKEN SOUND PRKWY STE 250 BOCA RATON, FL 33487

Mailing Address

C/O COMMUNITY ASSOC. SERVICES 951 BROKEN SOUND PRKWY STE 250 BOCA RATON, FL 33487

	3. Mailing Address
5/0 Benchmark Property Hant.	Benchmanchoperry Mgn +.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
7932 Wiles Road	7932 WILES ROOD

Name and Address of New Posistered Asset

Fee Required

**FILED** 

Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90200 037 \*\*\*\*61.25

Suite, Apt. #, etc.  932 WIPS Road	02152007 Chg-NP	CR2E	R2E037 (12/06)			
City & State	4. FEI Number			Applied For		
Oral Springs, FC	65-0110568			Not Applicable		
Zip Country	5. Certificate of Status Desired		\$8.75	Additional		

	7. Name and Address of Name				
MESSINGER, JOEL	MCClosky, Dianna + Diete	rie, Li	LP		
COMMUNITY ASSOCIATION SERVICES 951 BROKEN SOUND PKWY #250	Street Address (P.O. Box Number is Not Accepta				
BOCA RATON, FL 33487	1 . " ·	Tower	~		
<u> </u>	City Boca Lator	FL	Zip Code 3343		

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

USA

	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financing     Trust Fund Contribution.						neck payable to partment of State	
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS	AND DIRECTOR	RS IN 10	
TITLE	DT	Delete	TITLE	Δ	•	<u></u>	<b>I</b> ⊒ Cha	inge Addition	
NAME	ADAMS, JOAN		NAME	Ben	-shalom,	Gloria	_	_	
STREET ADDRESS	7884 TRAVELERS TREE DR.		STREET ADDRESS	788	9 Travers	Tree			
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	1	a Rature		33433		
TITLE	DP AU	☐ Delete	TITLE	D	· · · · · · · · · · · · · · · · · · ·		Cha	ange	
NAME	KORNBLAN, IRWIN		NAME	Sire	isfeld, ma 5 traveled	$\alpha$ .			
STREET ADDRESS	7985 TRAVELEAS TREE DR		STREET ADDRESS	778	5 Traveled	r Tree C	onve		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	80U	afaton f	L 8343	33		
TITLE	2V	☐ Delete	TITLE	S			☐ Cha	ange 🖪 Addition	
NAME	GOLDBERG, ALAN		NAME	Jac	Obson, St 71 feather F	ondra.			
STREET ADDRESS	8004 TRAVELERS TREE DR		STREET ADDRESS			rain con	+		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	306	a Raton		PL 3343	3	
TITLE	2V	Delete	TITLE	D			☐ Cha	ange Addition	
NAME	BEN-SHALOM, GLORIA		NAME	Kat	ari, Hami	$\circ$	_		
STREET ADDRESS	7889 TRAVELERS TREE		STREET ADDRESS	778	4 Traveri	es tree	DUNG		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Box	a latin		PL 3	35436	
TITLE	S	Delete	TITLE	D			☐ Cha		
NAME	STREISFELD, MARK		NAME	Vule	my Peta	_			
STREET ADDRESS	7785 TRAVELERS TREE DRIVE		STREET ADDRESS	<b>8</b> 220	may tro	aveles	Trec	Pnu	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		a ratur			33433	
TITLE	D	Delete	TITLE	D		-	☐ Cha		
NAME	HACKMAN, DON		NAME	meis	beles, san	d <del>ford</del>			
STREET ADDRESS	7821 TRAVELERS TREE DR		STREET ADDRESS	801	6 Travel	es tree	Dave		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	Boo	a Ralv	<u> </u>	PL:	33433	

12. I hereby certify that the information supplied with this filling 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:

BED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04488 1. Entity Name THE PALMS AT BOCA POINTE HOMEOWNERS ASSOCIATION, INC. ATTACHMENT Principal Place of Business Mailing Address C/O COMMUNITY ASSOC. SERVICES C/O COMMUNITY ASSOC. SERVICES 951 BROKEN SOUND PRKWY STE 250 951 BROKEN SOUND PRKWY STE 250 BOCA RATON, FL 33487 BOCA RATON, FL 33487 40086138 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 02152007 Chg-NP CR2E037 (12/06) 154 7A 6 SCE City & State City & State 4. FEł Number Applied For 65-0110568 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IST PAGE Name MESSINGER, JOEL COMMUNITY ASSOCIATION SERVICES Street Address (P.O. Box Number is Not Acceptable) 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Defete TITLE TITLE Schnapp, Martin ADAMS, JOAN NAME NAME 23400 Butterfly falm court 7884 TRAVELERS TREE DR. STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-21P CITY-ST-ZIP Bocalann fi ☐ Delete TITLE ■ Addition KORNBLOW, IRWIN NAME NAME STREET ADDRESS 7985 TRAVELESS TREE DR STREET ADORESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition GOLDBERG, ALAN NAME NAME STREET ADDRESS 8004 TRAVELERS TREE DR STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE BEN-SHALOM, GLORIA NAME 7889 TRAVELERS TREE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33433 ☐ Defete TITLE Change ☐ Addition TITLE NAME STREISFELD, MARK NAME 7785 TRAVELERS TREE DRIVE STREET ADDRESS STREET ADDRESS BOCA RATION, FL 33433 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete HACKMAN DON NAME 7821 TRAVELERS TREE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP 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 paper 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 attactment with an address with all other like empowered. SIGNATURE: . SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR