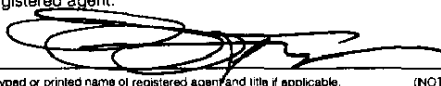
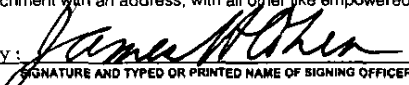


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90020 018 ****70.00

DOCUMENT # N06000001334 1. Entity Name BOCA DEVELOPERS FOUNDATION, INC.					
Principal Place of Business 4600 N. OCEAN BLVD., SUITE 206 BOYNTON BCH, FL 33435				Mailing Address 4600 N. OCEAN BLVD., SUITE 206 BOYNTON BCH, FL 33435	
2. Principal Place of Business - No P.O. Box # 321 East Hillsboro Blvd.		3. Mailing Address 321 East Hillsboro Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Deerfield Beach, FL		City & State Deerfield Beach, FL		4. FEI Number 20-4762532	
Zip 33441		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLISTER, BETTE M 4600 N. OCEAN BLVD., SUITE 206 BOYNTON BCH, FL 33435		7. Name and Address of New Registered Agent Name Theodore R. Stotzer, Esq. Street Address (P.O. Box Number is Not Acceptable) c/o Boca Developers, Inc. 321 East Hillsboro Blvd. City Deerfield Beach, FL Zip Code 33441			
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  March 8, 2007 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Theodore R. Stotzer, Esq.					
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 STREET, BRIAN 321 E. HILLSBORO BLVD. DEERFIELD BCH, FL 33441	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JAMES 321 E. HILLSBORO BLVD. DEERFIELD BCH, FL 33441	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUDNICKY, CRAIG 2875 NE 191ST ST., SUITE 200 AVENTURA, FL 33180	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete			
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: By: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James H. Cohen, Vice President					
Date March 8, 2007 (954) 949-3480 Date Daytime Phone #					