

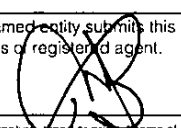
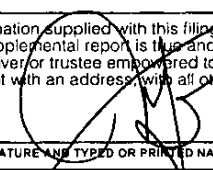


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90254 008 ****61.25

DOCUMENT # N06000001664					
1. Entity Name BOCA VILLAGE OWNERS ASSOCIATION, INC.					
Principal Place of Business 1096 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442			Mailing Address 1096 EAST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box # 6820 Lyons Technology Circle		3. Mailing Address 6820 Lyons Technology Circle			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100		03292007 Chg-NP CR2E037 (12/06)	
City & State Coconut Creek, FL		City & State Coconut Creek, FL		4. FEI Number 20-4449755	
Zip 33073		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BULTER, MARK 6820 LYONS TECHNOLOGY CIRCLE SUITE 100 COCONUT CREEK, FL 33073			7. Name and Address of New Registered Agent Name: Malcolm Butters Street Address (P.O. Box Number is Not Acceptable): 6820 Lyons Technology Circle Suite 100 City: Coconut Creek FL Zip Code: 33073		
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:  <u>malcolm Butters</u> DATE: <u>3-29-07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIRCLE SUITE 150 COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SIEGEL, NED 500T REX AVENUE SUITE 150 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRUNDT, BRUCE 5000 T REX AVENUE SUITE 150 BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP AUERBACH, STUART 763 W 41ST STREET SUITE A MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> 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:  <u>malcolm Butters</u> Date: <u>3-29-07</u> Daytime Phone #: <u>954-322-2400</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					