

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90082 005 ****61.25

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|--|---|--|---|---------------------------------------|--|
| DOCUMENT # N07556 | | | | | |
| 1. Entity Name BOCA BEND HOMEOWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 10212 BOCA BEND EAST BOCA RATON, FL 33428 | | | Mailing Address C/O A&W PROPERTY MANAGMENT PO BOX 15624 PLANTATION, FL 33318 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01112007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-2677878 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WALKER, ARLINE 773 NW 100 TERRACE PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name: <u>ARLINE WALKER</u> Street Address (R.O. Box Number is Not Acceptable): <u>A&W PROPERTY MANAGEMENT INC</u> <u>9715 W BROWARD BLVD PMB 235</u> City: <u>PLANTATION</u> FL Zip Code: <u>33324</u> | | |
| 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>Arline Walker</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/11/07</u> | | | | | |
| 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 BAYER, SUSAN 10324 BOCA BEND WEST J2 BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CLOUSE, DENNIS 10128 BOCA BEND EAST C-2 BOCA RATON, FL 33428 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BAYER, WAYNE 10324 BOCA BEND WEST J-2 BOCA RATON, FL 33428 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BONI, REBECCA 10128 BOCA BEND EAST C-4 BOCA RATON, FL 33428 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD BONI, BERNARD 10128 BOCA BEND EAST C-4 BOCA RATON, FL 33428 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered. | | | | | |
| SIGNATURE: <u>X [Signature]</u> PRESIDENT | | | Date: <u>1/11/07</u> | | |