


FILED
Jan 30, 2008 8:00 am
Secretary of State

40013340

DOCUMENT # N07556				Secretary of State 01-30-2008 90023 030 ***61.25	
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			
Zip	Country	Zip	Country	4. FEI Number 59-2677878	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, ARLINE A & W PROPERTY MANAGEMENT INC 9715 W BROWARD BLVD PMB 235 PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLOUSE, DENNIS <input checked="" type="checkbox"/> Delete 10128 BOCA BEND EAST C-2 BOCA RATON, FL 33428				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAYER, WAYNE <input checked="" type="checkbox"/> Delete 10324 BOCA BEND WEST J-2 BOCA RATON, FL 33428				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BONI, REBECCA <input type="checkbox"/> Delete 10128 BOCA BEND EAST C-4 BOCA RATON, FL 33428				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHARLENE FEGREUS 10323 BOCA BEND WEST K5 BOCA RATON FL 33428				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUZANNE BAYER 10324 BOCA BEND WEST J-2 BOCA RATON FL 33428				
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"/> Change <input checked="" type="checkbox"/> Addition				
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"/> 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 all other like empowered.					
SIGNATURE: <u>X</u> <u>Suzanne Bayer</u> <u>President</u> <u>1-27-08</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					