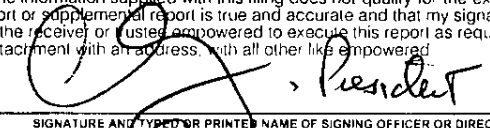


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N08397 1. Entity Name WIND KEY AT BOCA WEST PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 21045 COMMERCIAL TR BOCA RATON, FL 33486			Mailing Address 21045 COMMERCIAL TR BOCA RATON, FL 33486		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2716248	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON, 21045 COMMERCIAL TR BOCA RATON, FL 33486				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 ☐ \$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 JANOWER, DONALD 7723 WIND KEY DR BOCA RATON, FL 33434	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD HALPERIN, KERMIT 7744 WIND KEY DR. BOCA RATON, FL 33434	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD PLATT, STEPHEN 7759 WIND KEY DR. BOCA RATON, FL 33434	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD MISHKIN, HOWARD 7760 WIND KEY DR. BOCA RATON, FL 33434	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD STEINBERG, CHARLES 7838 WIND KEY DR BOCA RATON, FL 33434	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	. 	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	. 	☐ 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:  President 3/20/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					