2006 NOT-FOR-PROFIT CORPORATION

Mar 21, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N08791 03-21-2006 90039 009 ****61.25 LA JOYA OF BOCA HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address C/O LARRY E. SCHNER C/O LARRY E. SCHNER 750 S. DIXIE HIGHWAY 750 S. DIXIE HIGHWAY BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2641184 Applied For City & State City & State Not Applicable 7in Country 7ip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHNER, LARRY E. P.A. Street Address (P.O. Box Number is Not Acceptable) 750 SO. DIXIE HIGHWAY BOCA RATON, FL 33432 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be \Box Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. MLE ☐ Delete TITLE ☐ Change Addition DICHIRA, DONNA NAME NAME STREET ADDRESS 231381 L'ERMITAGE CIR. STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition MARTIN, CHRYL NAME NAME 23162 L ERMITAGE CL STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33433 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE DIAMOND, HAROID 23210 L'ERMITAGE CIR GROSS, CHUCK NAME -NAME 23024 L'ERMITAGE CIR. STREET ADDRESS STREET ADDRESS BOLA RATON, FI 33433 CITY-ST-7IP BOCA RATON, FL 33433 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition KING, LYNN NAME NAME STREET ADDRESS 23144 L'ERMITAGE CIR. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE DANSON, EMILY NAME NAME 23215 L' ERMITAGE CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

alla DEFINA SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

FILED