◄ 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N09082

1. Entity Name
CORAL LAKE AT BOCA RATON HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8211 W. BROWARD BLVD. PH1 PLANTATION, FL 33324 US	8211 W. BROWARD BLVD. PH1 PLANTATION, FL 33324 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

08072008   Chg-NP   CR2E037 (12/06)

4. FEI Number 65-0287140	Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MESSINGER, JOEL
051 BROKEN SOUND PKWY STE 250
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name PATRICK GARCIA

Street Address (P.O. Box Number is Not Acceptable)
1901 S. CONGRESS AVE, SUITE 480

City BOYNTON BEACH   FL   Zip Code 33426

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

Amended AR is $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐	**$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	PD	☒ Delete	TITLE	PD	☒ Change	☐ Addition
NAME	STURGELL, CHARLES		NAME	LORRAINE SONNTAG		
STREET ADDRESS	9473 BOCA RIVER CIR		STREET ADDRESS	9422 BOCA RIVER CIRCLE		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33134		
TITLE	VPD	☒ Delete	TITLE	VPD	☐ Change	☒ Addition
NAME	SAGNELLA, FRANK		NAME	BRENDA KLOBA		
STREET ADDRESS	9477 BOCA RIVER CIR		STREET ADDRESS	9472 BOCA RIVER CIRCLE		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33134		
TITLE	TD	☒ Delete	TITLE	TD	☐ Change	☒ Addition
NAME	STEKEL, ROBERT J		NAME	OSCAR ARMAS		
STREET ADDRESS	9378 BOCA RIVER CIR		STREET ADDRESS	9421 BOCA RIVER CIRCLE		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33134		
TITLE	SD	☒ Delete	TITLE	D	☐ Change	☒ Addition
NAME	MOLLOY, KAREN		NAME	STEVE BYRNES		
STREET ADDRESS	9525 BOCA RIVER CIR		STREET ADDRESS	9412 BOCA RIVER CIRCLE		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33134		
TITLE	D	☐ Delete	TITLE	D	☐ Change	☒ Addition
NAME	SANNTAG, LORRAINE		NAME	DANIEL AZER		
STREET ADDRESS	9422 BOCA RIVER CIR		STREET ADDRESS	9533 BOCA RIVER CIRCLE		
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	BOCA RATON, FL 33134		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS	10 400136819824		
CITY-ST-ZIP			CITY-ST-ZIP	10/10/08--01038--022 **61.25		

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: L. A. Sonntag   8/28/08   561-251-9896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

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