

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90103 030 \*\*\*\*61.25

**DOCUMENT # N09274**

1. Entity Name  
BOCA LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
7070 NW 2ND AVE.  
BOCA RATON, FL 33487

Mailing Address  
7070 NW 2ND AVE.  
BOCA RATON, FL 33487

40076895



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01292007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-2587862

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAYE, STELLA  
7017 NW 3RD AVE  
BOCA RATON, FL 33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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

TITLE P ☒ Delete  
NAME MYERS, KATHY  
STREET ADDRESS 252 NW 70 ST  
CITY-ST-ZIP BOCA RATON, FL

TITLE VP ☒ Delete  
NAME ZAMMARCHI, FRANK  
STREET ADDRESS 275 NW 69 ST  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE SD ☐ Delete  
NAME KAYE, STELLA  
STREET ADDRESS 7017 NW 3 AV  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE TD ☐ Delete  
NAME KAYE, STELLA  
STREET ADDRESS 7017 N.W. 3 AVENUE  
CITY-ST-ZIP BOCA RATON, FL

TITLE D ☐ Delete  
NAME ALIBRANDI, JULIANNE  
STREET ADDRESS 240 69 ST  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D ☒ Delete  
NAME SILKWORTH, CAROLYN  
STREET ADDRESS 245 NW 70 ST  
CITY-ST-ZIP BOCA RATON, FL 33487

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME OAKDEN, GEOFFREY  
STREET ADDRESS 7010 NW 3 AV  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE VP ☒ Change ☐ Addition  
NAME MYERS, KATHY  
STREET ADDRESS 252 NW 69 ST  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME ACCVEDO, RODOLFO  
STREET ADDRESS 263 NW 69 ST  
CITY-ST-ZIP BOCA RATON, FL 33487

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: *Stella Kaye*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07

Date

561-241-3450

Daytime Phone #