2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE

DOCUMENT # N09541-FILED 08 DEC -2 AH 9: 10 BOCA GLADES "C" CONDOMINIUM ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORING Mailing Address Principal Place of Business C/O BENCHMARK PROPERTY MGMT C/O BENCHMARK PROPERTY MGMT 7932 WILES RD. 7932 WILES RD. POMPANO BEACH, FL 33067 US POMPANO BEACH, FL 33067 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-2535939 City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES P.A. Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6TH WAY **SUITE 103** FORT LAUDERDALE, FL 33309 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. President Delete VPS TITLE TITLE Change Addition MARVEY, GLATT NAME Glatt, Judith NAME 8577 BOCA GLADES BLVD. W. APT.C STREET ADDRESS 8577 BOCK GLOODS BIND. W APT. C STREET ADDRESS Doca Raron Fi Secretary R1220, Nicholas CITY-ST-ZIP BOCA RATON, FL 33434 CITY-51-71P 33434 Addition Delete ☐ Change TITLE TITLE BROWN, STEVE NAME 8547 Bola Glades BIND. W. Apt. E NAME STREET ADDRESS 8547 BOCA GLADES BLVD WEST APT B STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-ZIP BOCA RATON, FL 33434 TITLE ☐ Delete TITE F Treaserur ☐ Change ☐ Addition Brown, steven NAME 8547 Boca Glades BIVD. West APT.B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA ☐ Delete TITLE ☐ Addition TITLE 12/02/08--01024--005 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Davtime Phone #