

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90074 032 ****61.25

DOCUMENT # N09580

1. Entity Name
LA CORNICHE AT BOCA POINTE HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business
951 BROKEN SOUND PARKWAY
BOCA RATON, FL 33487

Mailing Address
951 BROKEN SOUND PARKWAY
BOCA RATON, FL 33487

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

03082007

Chg-NP

CR2E037 (12/06)

4. FEI Number
93-1006485

Applied For

Not Applicable

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

SAX, SPENCER
951 BROKEN SOUND PARKWAY
SUITE 250
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	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, JIM	
STREET ADDRESS	7755 LA CORNICHE CIR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	P	<input type="checkbox"/> Delete
NAME	GABRIELLE, DANIEL	
STREET ADDRESS	7778 LA CORNICHE CIR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLIFFE, MIRIAM	
STREET ADDRESS	7750 LA CORNICHE CIR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAFFER, MARC	
STREET ADDRESS	7758 LACORNIE CIR	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HERSHON, MARSHALL	
STREET ADDRESS	22857 LA CORNICHE WAY	
CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BENJAMIN, GLADYS	
STREET ADDRESS	7678 LA CORNICHE CIR	
CITY-ST-ZIP	BOCA RATON, FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

M. Hershon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07
Date

561-395-7732
Daytime Phone #