

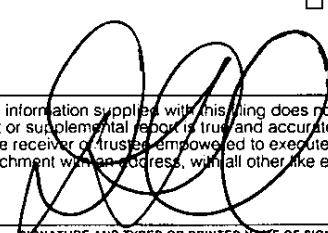


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90061 035 ****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 # 1901 S. CONGRESS AVE Suite/Apt. #, etc. 480		3. Mailing Address 1901 S. CONGRESS AVE Suite, Apt. #, etc. 480			
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL		4. FEI Number 93-1006485	
Zip 33426		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAX, SPENCER 951 BROKEN SOUND PARKWAY SUITE 250 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name C.A.S. REALTY MANAGEMENT LLC Street Address (P.O. Box Number is Not Acceptable) 1901 S. CONGRESS AVE. Suite 480 City & State 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  _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	D DAVIDSON, JIM 7755 LA CORNICHE CIR BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GABRIELLE, DANIEL 7778 LA CORNICHE CIR BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLIFFE, MIRIAM 7750 LA CORNICHE CIR BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LAFFER, MARC 7758 LACORNIE CIR BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HERSHON, MARSHALL 22857 LA CORNICHE WAY BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HAROLD GAYNOR 7621 LA CORNICHE CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS VINCE LOSCALZO 7771 LA CORNICHE CIRCLE BOCA RATON, FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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