## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE DOCUMENT,# N09580 DIVISION OF COSPERATIONS 1. Entity Name LA CORNICHE AT BOCA POINTE HOMEOWNERS' 08 AUG 25 PH 12: 55 ASSOCIATION, INC. Principal Place of Business Mailing Address 1901 S. CONGRESS AVE 48 1901 S. CONGRESS AVE 480-BOYNTON BEACH: FL 33426 BOYNTON BEACH, FL. 33428 2. Principal Place of Business - No P.O. Box . Mailing Address Suite. Apt. #. etc. 05222008 CR2E037 (12/06) Chg-NP City & State Applied For City & State 4. FEI Number 93-1006485 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent A-S-REALTY MANAGEMENT, LLC Street Address (P.O. Box Number is Not Acceptable) 1904 S. CONGRESS AVE, STE 480 BOYNTON BEACH, FL 33426 ple K 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, o the obligations of registered agent 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition D ☐ Delete TITLE TITLE NAME DAVIDSON, JIM NAME STREET ADDRESS STREET ADDRESS 7755 LA CORNICHE CIR CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GABRIELLE, DANIEL NAME STREET ADDRESS STREET ADDRESS 7778 LA CORNICHE CIR CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP D ☐ Change ☐ Addition ☐ Delete TITLE TITLE CLIFFE, MIRIAM NAME NAME STREET ADDRESS 7750 LA CORNICHE CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON, FL 33433** ☐ Change Addition ٧n ☐ Delete TITLE TITLE LAFFER, MARC NAME NAME STREET ADDRESS 7758 LACORNIE CIR STREET ADDRESS CITY-ST-28P CITY-ST-ZIP BOCA RATON, FL 33433 ☐ Change Addition DT ☐ Delete TITLE TITLE GAYNOR, HAROLD NAME NAME 7621 LA CORNIEHE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33433 ☐ Change ☐ Addition DS ☐ Delete TITLE TITLE LOSCALSZO, VINCE NAME NAME STREET ADDRESS 7771 LA CORNIEHE CIRCLE CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-2 I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and accurate. the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all s repo SIGNATURE: \_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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