


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90222 002 ****61.25

DOCUMENT # N11711 1. Entity Name TRENDS AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O EXCLUSIVE PROPERTY MANAGEMENT 1280 S.W. 36 AVE., SUITE 301 POMPANO BEACH, FL 33069 US			Mailing Address C/O EXCLUSIVE PROPERTY MANAGEMENT 1280 S.W. 36 AVE., SUITE 301 POMPANO BEACH, FL 33069 US		
2. Principal Place of Business - No P.O. Box # Pointe Management Suite, Apt. #, etc. 75 NE 6th Ave # 206 City & State Delray Beach, FL Zip 33483			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2670299			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JENKINS, KATHLEEN EXCLUSIVE PROPERTY MANAGEMENT 1280 S.W. 36 AVE., SUITE 301 POMPANO BEACH, FL 33069			7. Name and Address of New Registered Agent Name Eric Estebanez Street Address (P.O. Box Number is Not Acceptable) 75 NE 6th Ave # 206 City Delray Beach FL Zip Code 33483		
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 registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD LONG, WILLIAM 22925 OLD INLET BRIDGE DRIVE BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	D Jim Hollingsworth 23083 Sunfield Drive Boca Raton, FL 33433
TITLE NAME STREET ADDRESS CITY ST ZIP	TD HANSEN, LESDIA 22200 SANDS POINT DR BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD CARLOUGH, ROBERT 22310 SANDS POINT DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD BROWN, GARY 22231 SANDS POINT DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D SAMBUCO, ANGIE 23035 SUNFIELD DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D ACOSTA, DIANE 22331 SANDS POINT DR BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input 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</small>					
<small>Daytime Phone #</small>					