

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90010 026 \*\*\*\*61.25

<b>DOCUMENT # N13773</b>					
<b>1. Entity Name</b> BOCA PINES OF VERDE TRAIL TOWNHOME ASSOCIATION, INC.					
<b>Principal Place of Business</b> SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DRIVE #205 CORAL SPRINGS, FL 33071 US			<b>Mailing Address</b> SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DRIVE #205 CORAL SPRINGS, FL 33071 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2700753	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  SWIFT MANAGEMENT & SOLUTIONS 1750 UNIVERSITY DR #205 CORAL SPRINGS, FL 33071			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> LAWRENCE, MARY JO	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> President	<b>NAME</b> Paul Dolan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6663-C BOCA PINES TRAIL	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433		<b>STREET ADDRESS</b> 6663-D Boca Pines Trail	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433	
<b>TITLE</b> VD	<b>NAME</b> PASKE, DICK	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Vice President	<b>NAME</b> Robert Roche	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6663D BOCA PINES TRAIL	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433		<b>STREET ADDRESS</b> 6738-D Boca Pines Trail	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433	
<b>TITLE</b> T	<b>NAME</b> PETERS, JAMES	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Secretary	<b>NAME</b> Valerie A. Stanesku	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6773 F BOCA PINES TRAIL	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433		<b>STREET ADDRESS</b> 6685-A Boca Pines Trail	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433	
<b>TITLE</b> D	<b>NAME</b> PONOROFF, ROBERT	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> Treasurer	<b>NAME</b> Duncan Frost	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 6707 B BOCA PINES TRAIL	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433		<b>STREET ADDRESS</b> 6773-D Boca Pines Trail	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> Director	<b>NAME</b> Andrey M. Pusins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 6684-C Boca Pines Trail	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33433	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					