

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 07, 2008 8:00 am  
Secretary of State**

03-07-2008 90043 037 \*\*\*\*61.25

**DOCUMENT # N13773**

1. Entity Name  
**BOCA PINES OF VERDE TRAIL TOWNSHIP  
ASSOCIATION, INC.**



Principal Place of Business  
**SWIFT MANAGEMENT & SOLUTIONS  
1750 UNIVERSITY DRIVE #205  
CORAL SPRINGS, FL 33071 US**

Mailing Address  
**SWIFT MANAGEMENT & SOLUTIONS  
1750 UNIVERSITY DRIVE #205  
CORAL SPRINGS, FL 33071 US**

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

01072008 Chg-NP CR2E037 (12/06)

40040963



4. FEI Number  
**59-2700753**

Applied For  
Not Applicable

5. Certificate of Status Desired  
 **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SWIFT MANAGEMENT & SOLUTIONS  
1750 UNIVERSITY DR #205  
CORAL SPRINGS, FL 33071**

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, 2008**

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: P  
NAME: DOLAN, PAUL  
STREET ADDRESS: 6662-D BOCA PINES TRAIL  
CITY-ST-ZIP: BOCA RATON, FL 33433

Delete

TITLE: VP  
NAME: RACHE, ROBERT  
STREET ADDRESS: 6728-D BOCA PINES TRAIL  
CITY-ST-ZIP: BOCA RATON, FL 33433

Delete

TITLE: S  
NAME: STANESCA, VALERIE A  
STREET ADDRESS: 6685-A BOCA PINES TRAIL  
CITY-ST-ZIP: BOCA RATON, FL 33433

Delete

TITLE: T  
NAME: FROST, DUNCAN  
STREET ADDRESS: 6773-D BOCA PINES TRAIL  
CITY-ST-ZIP: BOCA RATON, FL 33433

Delete

TITLE: D  
NAME: PUSINS, ANDREY M  
STREET ADDRESS: 6684-C BOCA PINES TRAIL  
CITY-ST-ZIP: BOCA RATON, FL 33433

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE: P  
NAME: LASORDA, JOE  
STREET ADDRESS: 6751-A BOCA PINES TRAIL  
CITY-ST-ZIP: BOCA RATON, FL 33433

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change  Addition

TITLE: SD  
NAME: SHOOK, KELLY  
STREET ADDRESS: 6685-C BOCA PINES TRAIL  
CITY-ST-ZIP: BOCA RATON, FL 33433

Change  Addition

TITLE: JD  
NAME: POSINS, ANDREY  
STREET ADDRESS: 6684-C BOCA PINES TRAIL  
CITY-ST-ZIP: BOCA RATON, FL 33433

Change  Addition

TITLE: D  
NAME: FORT, RICHARD  
STREET ADDRESS: 6685-B BOCA PINES TRAIL  
CITY-ST-ZIP: BOCA RATON, FL 33433

Change  Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change  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:** *Joseph Lasorda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-22-08*  
Date Daytime Phone #