

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13773

FILED
Jan 17, 2009
Secretary of State

Entity Name: BOCA PINES OF VERDE TRAIL TOWNHOME ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2700753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LASORDA, JOE
Address: 6751-A BOCA PINES TRL
City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete
Name: RACHE, ROBERT
Address: 6728-D BOCA PINES TRAIL
City-St-Zip: BOCA RATON, FL 33433

Title: SD () Delete
Name: SNOOK, KELLY
Address: 6685 C BOCA PINES TRL
City-St-Zip: BOCA RATON, FL 33433

Title: TD () Delete
Name: POSINS, AUDREY
Address: 6684C BOCA PINES TRL
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Delete
Name: PUSINS, ANDREY M
Address: 6684-C BOCA PINES TRAIL
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: PORT, RICHARD
Address: 6685 B BOCA PINES TRL
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: PUSINS, AUDREY
Address: 6684C BOCA PINES TRL
City-St-Zip: BOCA RATON, FL 33433

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE LASORDA

PD

01/17/2009

Electronic Signature of Signing Officer or Director

Date