2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15138

Apr 28, 2008 Secretary of State

Entity Name: BOCA COVE HOME CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business: C/O FLORIDA ONE PROPERTY MANAGEMENT 9825 MARINA BLVD, STE 100 BOCA RATON, FL 33428 **New Mailing Address: Current Mailing Address:** P O BOX 880269 BOCA RATON, FL 33488 FEI Number: 65-0332843 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERT KAYE & ASSOCIATES P.A 6261 NORTHWESET 6TH WAY STE 103 FT LAUDERDALE, FL 33309 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RUSSO, FRED Name: Name: 9413 BOCA COVE CIR #1103 Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: Title: (X) Delete Title: () Change () Addition MARTINI, THOMAS Name: Name: Address: 9430 BOCA COVE CIR #208 Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: Title: (X) Delete Title: () Change () Addition MARKUS, KIMBERLY Name: Name: 9467 BOCA COVE CIR #810 Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: Title: TD () Delete Title: VD (X) Change () Addition Name: MCCABE, LARRY Name: MCCABE, LARRY 9449 BOCA COVE CR #915 9449 BOCA COVE CR #915 Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33428 Title: () Delete Title: (X) Change () Addition REYNOLDS, MARY JOSEPHINE REYNOLDS, MARY JOSEPHINE Name: Name: 9413 BOCA COVE CIRCLE #1103 9413 BOCA COVE CIRCLE #1103 Address: Address: City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: BOCA RATON, FL 33428

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: WILIAM RUSSO **AGEN** 04/28/2008