

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18387

FILED
May 19, 2005
Secretary of State

Entity Name: VALENCIA AT BOCA POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

951 BROKEN SOUND PKWY.
STE 250
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

951 BROKEN SOUND PKWY.
STE 250
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 59-2819917 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY.
STE 250
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

A&N MANAGEMENT & CONSULTING INC
6413 CONGRESS AVE
STE 220
BOCA RATON, FL 33487 US

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: MALCOLM D. GROPPER

05/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GROPPER, MALCOLM D
Address: 7579 MIRABELLA DR.
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: KAPER, MORT
Address: 23404 MIRABELLA CIRCLE S
City-St-Zip: BOCA RATON, FL 33433

Title: VPD () Delete
Name: ROSENBERG, SID
Address: 23400 MIRABELLA CIR S
City-St-Zip: BOCA RATON, FL 33433

Title: TD () Delete
Name: RICHARDS, STEVE
Address: 23412 MIRABELLA CR S
City-St-Zip: BOCA RATON, FL

Title: SD () Delete
Name: FREEMAN, AL
Address: 7570 MIRABELLA DR.
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: () 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 for the exemption stated in Section 119.07(3)(i), 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: MALCOLM D. GROPPER

PD

05/19/2005

Electronic Signature of Signing Officer or Director

Date