

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21560

FILED
Jan 16, 2009
Secretary of State

Entity Name: BROOK HAVEN OF BOCA RATON PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5680 SANTIAGO CIRCLE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

5680 SANTIAGO CIRCLE
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0040417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, DONALD B T
5704 SANTIAGO CIRCLE
BOCA RATON, FL 33433 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: PD () Delete
Name: MCKENZIE, JACK
Address: 5670 SANTIAGO CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: LEQUEUX, ROLANDO
Address: 5692 SANTIAGO CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: WEBB, NANCY
Address: 5688 SANTIAGO CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: DT () Delete
Name: MILLER, DONALD B
Address: 5704 SANTIAGO CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: S () Delete
Name: RAULIN, WAYNE
Address: 5638 SANTIAGO CIRCLE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PIERCE, DAYNA
Address: 5664 SANTIAGO CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: PD (X) Change () Addition
Name: LEQUEUX, ROLANDO
Address: 5692 SANTIAGO CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: D (X) Change () Addition
Name: WEBB, NANCY
Address: 5688 SANTIAGO CIRCLE
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: DONALD B MILLER

DT

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date