

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 10 PM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23337
1. Entity Name
BOCA BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
CAPITAL REALTY ADVISORS
600 SANDTREE DRIVE, STE 109
PALM BEACH GARDENS, FL 33403 US

Mailing Address
CAPITAL REALTY ADVISORS
600 SANDTREE DRIVE, STE 109
PALM BEACH GARDENS, FL 33403 US



11/20/07 01007 003 61.25
12072007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box #
Allied Property Management Group
Suite, Apt. #, etc.
745 US Highway One Suite 209
City & State
N. Palm Beach, FL 3
Zip
33408

3. Mailing Address
Suite, Apt. #, etc.
P.O. Box 22674
City & State
West Palm Beach, FL
Zip
33422

4. FEI Number
65-0021705

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MCDONALD, DONNA
C/O CAPITAL REALTY ADVISORS, INC
600 SANDTREE DRIVE, STE 109
PALM BEACH GARDENS, FL 33403

7. Name and Address of New Registered Agent
Name
Allied Property Management Group Inc.
Street Address (P.O. Box Number is Not Acceptable)
745 US Highway One Suite 209
City
N. Palm Beach FL Zip Code
33408

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 *Ronald C. Simmons* *Allied Property Management Group Inc.* 12/7/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOTTLIEB, JAMES		NAME	<i>Martinez, Maria</i>	
STREET ADDRESS	9703 WEST LAKE COURT		STREET ADDRESS	<i>9501 Carousell Circle East</i>	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	<i>Boca Raton, FL 33434</i>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMEJKAL, ANDREW		NAME	<i>Smejkal, Andrew</i>	
STREET ADDRESS	9561 CAROUSEL CIRCLE EAST		STREET ADDRESS	<i>9561 Carousell Circle East</i>	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	<i>Boca Raton, FL 33434</i>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, WENDY		NAME	<i>Kartovsky, John</i>	
STREET ADDRESS	9600 EAST LAKE DR		STREET ADDRESS	<i>9537 Carousell Circle East</i>	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	<i>Boca Raton, FL 33434</i>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIVINGSTON, GRACE		NAME	<i>Trifunovic, Mladen</i>	
STREET ADDRESS	9704 W LAKE CT		STREET ADDRESS	<i>9693 Carousell Circle North</i>	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	<i>Boca Raton, FL 33434</i>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEIDEGGER, CORY		NAME	<i>JAMES, Cory</i>	
STREET ADDRESS	9695 WEST LAKE CT		STREET ADDRESS	<i>9695 West Lake Court</i>	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	<i>Boca Raton, FL 33434</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAZEJEWSKI, DONALD		NAME	<i>BLAZEJEWSKI, DONALD</i>	
STREET ADDRESS	9645 CAROUSEL CIRCLE NORTH		STREET ADDRESS	<i>9645 Carousell Circle North</i>	
CITY-ST-ZIP	BOCA RATON, FL 33434		CITY-ST-ZIP	<i>Boca Raton, FL 33434</i>	

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: *Grace Livingston* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GRACE LIVINGSTON

Date: *12/7/07* (561) 214-4517 ext 102
Daytime Phone #

12/13/07