
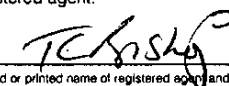
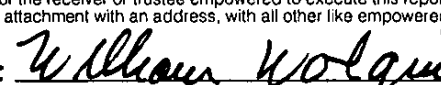


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90026 017 ****61.25

DOCUMENT # N23412 1. Entity Name CHATEAU AT BOCA GROVE PLANTATION CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487				Mailing Address C/O 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box # 21 SE 5th STREET Suite, Apt. #, etc. #100		3. Mailing Address 21 SE 5th STREET Suite, Apt. #, etc. #100		01152008 Chg-NP CR2E037 (12/06)	
City & State BOCA RATON FL		City & State BOCA RATON FL		4. FEI Number 65-0026168	
Zip 33433		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLGIN, WILLIAM DR 7383 ORANGE WOOD LN STE 603 BOCA RATON, FL 33433				7. Name and Address of New Registered Agent Name: TERESA C. BISHOP Street Address (P.O. Box Number is Not Acceptable) 21 SE 5th STREET #100 City BOCA RATON FL Zip Code 33433	
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:  <div style="display: flex; justify-content: space-between; font-size: small;"> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	██████████ WOLGIN, WILLIAM DR 7383 ORANGE WOOD LANE #603 BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VD SIUERMAN, MRS. JAN 7383 ORANGEWOOD LN #505 BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	██████████ ██████████ 7383 ORANGEWOOD LANE #503 BOCA RATON, FL 33433	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREAS. MR. GILBERT MINTZ 7383 ORANGEWOOD LN. #405 BOCA RATON, FL. 33433	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHENKMAN, JACK 7383 ORANGEWOOD LANE # 502 BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VD PARGH, EUGENE 7383 ORANGEWOOD LANE, #205 BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <div style="display: flex; justify-content: space-between; font-size: small;"> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/30/08 Daytime Phone # </div>					