


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90049 019 ****61.25

DOCUMENT # N31182						
1. Entity Name CORAL BAY AT BOCA CHASE HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 314 NE 3RD STREET BOYNTON BEACH, FL 33435 US			Mailing Address 314 NE 3RD STREET BOYNTON BEACH, FL 33435 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		02062007 Chg-NP CR2E037 (12/06)		
Zip		Country		4. FEI Number 65-0318739		
				Applied For <input type="checkbox"/> Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
ST. JOHN, CORE & LEMME, P.A. 1601 FORUM PLACE STE 701 WEST PALM BEACH, FL 33401			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
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 _____						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEMEROFF, JERRY		NAME	Hallenback, Jennifer		
STREET ADDRESS	18074 CLEARBROOK CIRCLE		STREET ADDRESS	18149 Clearbrook Circle		
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	Boca Raton, FL 33498		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARD MOTTOLA		NAME	Mottola, Edward		
STREET ADDRESS	18281 FRESH LAKEWAY		STREET ADDRESS	18281 Fresh Lake way		
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	Boca Raton, FL 33498		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GALLAGHER, GERRY		NAME	Saban, Craig		
STREET ADDRESS	18050 CLEARBROOK CIRCLE		STREET ADDRESS	18571 Fresh Lake way		
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	Boca Raton, FL 33498		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP/SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DOMATO, CHERYL		NAME	Stellino, Gina		
STREET ADDRESS	18042 CLEARBROOK CIRCLE		STREET ADDRESS	18183 Clearbrook Circle		
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	Boca Raton, FL 33498		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHAWAH, HENRY		NAME	Maimoni, Barbara		
STREET ADDRESS	18043 CLEARBROOK CIR.		STREET ADDRESS	18252 Clearbrook Circle		
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	Boca Raton, FL 33498		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ARDEN, SANDRA		NAME	Lynch, Maria		
STREET ADDRESS	18102 CLEARBROOK CIRCLE		STREET ADDRESS	18183 Clearbrook Circle		
CITY-ST-ZIP	BOCA RATON, FL 33498		CITY-ST-ZIP	Boca Raton, FL 33498		
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 reports 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: _____			Date: 2/12/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #			

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