

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 SEP 14 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08072006 Chg-NP CR2E037 (4/06)

DOCUMENT # N38622 1. Entity Name BOCA QUAY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O TRIDENT PROPERTIES MANAGEMENT 1000 HOLLAND DR., #12 BOCA RATON, FL 33487		Mailing Address C/O TRIDENT PROPERTIES MANAGEMENT 1000 HOLLAND DR., #12 BOCA RATON, FL 33487			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0331643	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUCKER & TIGHE P.A. 800 E. BROWARD BLVD. STE. 710 FT. LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	PD HIRSH, LAURA 898 JEFFERY STREET BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Caruso, Robert 916 E Jeffery St Boca Raton, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOBSCHAIDT, JACOB 912 E JEFFERY STREET BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800079920438 09/15/06--01045--003 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACCORMACK, CLAIRE 934 JEFFERY ST. BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, GREG 994 JEFFERY ST. BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gravaliese, Angela 864 E Jeffery St Boca Raton, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARAZINO, JOYCE 862 JEFFERY ST BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINO, KATHY 996 JEFFERY ST BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer	
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: <i>Kathy Marino</i>		Date: <i>9-11-06</i>		Daytime Phone #: <i>561-994-5035</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Kathy Marino Treas.</i>					

X 9/14