


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90432 021 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N42566</b>                                |  |
| 1. Entity Name<br><b>BALBOA POINT ASSOCIATION, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>6300 PARK OF COMMERCE BLVD<br/>BOCA RATON, FL 33487</b> | Mailing Address<br><b>6300 PARK OF COMMERCE BLVD<br/>BOCA RATON, FL 33487</b> |
|---|---|

**40090203**

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |



03302007 Chg-NP CR2E037 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0320980</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>JMD PROPERTIES INC<br/>904 SE 5TH AVE<br/>DELRAY BEACH, FL 33483</b> | 7. Name and Address of New Registered Agent<br>Name <b>Randall Rivers + Associates</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>621 NW 53rd St</b><br>City <b>Boca Raton</b> FL Zip Code <b>33487</b> |
|--|--|

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 \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>AROUTY, IRVING<br>17317 BALBOA POINT WAY<br>BOCA RATON, FL 33487 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>UNGER, JOSEPH<br>17301 BALBOA POINTE WAY<br>BOCA RATON, FL 33487 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEVY, HERB<br>3744 GORHAM WAY<br>BOCA RATON, FL 33487 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>DE VIVO, AL<br>17211 VENTANO DR<br>BOCA RATON, FL 33487 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>KAPLAN, ALVIN<br>17293 BALBOA POINT WAY<br>BOCA RATON, FL 33487 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:** AL DE VIVO - Pres AL DE VIVO 4/23/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #