2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# N93000003618

Entity Name: BOCA ISLES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

19331 PRESERVE DR
BOCA RATON, FL 33498 US

New Principal Place of Business:

Current Mailing Address:

19331 PRESERVE DR
BOCA RATON, FL 33498 US

New Mailing Address:

FEI Number: 65-0430374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GESTIN, JOSHUA ESQ
1499 WEST PALMETTO PARK RD.
SUITE 108
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: SPIEGEL, ROBERTA
Address: 19331 PRESERVE DR
City-St-Zip: BOCA RATON, FL 33498

Title: P ( ) Delete
Name: MICHAELS, NANCY
Address: 19331 PRESERVE DR
City-St-Zip: BOCA RATON, FL 33498

Title: VP ( ) Delete
Name: SCARBOROUGH, SHERI
Address: 19331 PRESERVE DR
City-St-Zip: BOCA RATON, FL 33498

Title: S ( ) Delete
Name: MOSSINI, CLAUDIA
Address: 19331 PRESERVE DR
City-St-Zip: BOCA RATON, FL 33498

Title: VP ( ) Delete
Name: SICHERMAN, GARY
Address: 19331 PRESERVE DR
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: MOSSINI, CLAUDIA
Address: 19331 PRESERVE DR
City-St-Zip: BOCA RATON, FL 33498

Title: S (X) Change ( ) Addition
Name: MELIA, NANCY
Address: 19331 PRESERVE DR
City-St-Zip: BOCA RATON, FL 33498

Title: VPII (X) Change ( ) Addition
Name: MARTIN, LIZA
Address: 19331 PRESERVE DR
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA SPIEGEL T 02/26/2009

Electronic Signature of Signing Officer or Director — Date