

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001404

FILED
Apr 22, 2009
Secretary of State

Entity Name: THE PRESERVE AT BOCA RATON HOA, INC.

Current Principal Place of Business:

%PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

%PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 23-2842340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACKER LAW FIRM
400 SOUTH DIXIE HIGHWAY
THE ARBOR STE 420
BOCA RATON, FL 33432 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: P () Delete
Name: OLAH, GARRY
Address: 4947 NW 23RD COURT
City-St-Zip: BOCA RATON, FL 33431

Title: S () Delete
Name: COCOSE, BILL
Address: 5030 NW 24TH CIR.
City-St-Zip: BOCA RATON, FL 33431

Title: VP () Delete
Name: PELLIGRINO, LISA
Address: 5032 NW 24 CIRCLE
City-St-Zip: BOCA RATON, FL 33431

Title: S () Delete
Name: KELMAN, CHAD
Address: 5013 NW 24TH CIRCLE
City-St-Zip: BOCA RATON, FL 33431

Title: T () Delete
Name: GULAFARB, GARY
Address: 4945 NW 23RD CT
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: COCOSE, BILL
Address: 5030 NW 24TH CIR.
City-St-Zip: BOCA RATON, FL 33431

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

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

Title: D (X) Change () Addition
Name: KHADR, KASSI
Address: 5026 NW 24TH CIRCLE
City-St-Zip: BOCA RATON, FL 33431

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: GARRY OLAH

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date