

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90035 050 ****61.25

DOCUMENT # N98000000580

1. Entity Name
BOCA LAKE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**% QUALITY MANAGEMENT
P.O. BOX 970878
BOCA RATON, FL 33497**

Mailing Address
**% QUALITY MANAGEMENT
P.O. BOX 970878
BOCA RATON, FL 33497**

40021018



2. Principal Place of Business - No P.O. Box #
3701 SAINT ANDREWS BLVD.

3. Mailing Address
QUALITY MANAGEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#101

01082008 Chg-NP CR2E037 (12/06)

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
65-0815416

Applied For
☐ Not Applicable

Zip
33434

Country

Zip
33434

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DRIVE
SUITE 205
CORAL SPRINGS, FL 33065**

7. Name and Address of New Registered Agent

Name
RAWDALL ROGER & ASSOCIATES

Street Address (P.O. Box Number is Not Acceptable)
621 NW 53 RD STREET

SUITE 300

City
BOCA RATON

FL

Zip Code
33487

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

Rafael M. Pres

Ronald U. Rosen & Assoc. P.A.

1/14/08

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VOLA, GREG	
STREET ADDRESS	2541 NW 39TH STREET	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAMMILL, JAMIE	
STREET ADDRESS	3970 NW 27 TERR	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LIPPY, IRA	
STREET ADDRESS	3800 NW 25 WAY	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLAZZA, NICK	
STREET ADDRESS	2661 NW 39 ST	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WAYCOTT, JEFF	
STREET ADDRESS	3910 NW 27 TERR	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRA GROSS	
STREET ADDRESS	2698 NW 38th Street	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert BAER	
STREET ADDRESS	2581 NW 39th Street	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Palermo	
STREET ADDRESS	3950 NW 27th Terrace	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEN BOUZWICK	
STREET ADDRESS	3945 NW 27th Avenue	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IRA GROSS President

Date

Daytime Phone #

1-8-08 561-477-2621