2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04415

Entity Name: BOCA FONTANA HOMEOWNERS ASSOCIATION, INC.

FILED Mar 13, 2013 **Secretary of State** CC1614944759

Current Principal Place of Business:

C/O PHOENIX MANAGEMENT SERVICES INC.

4800 N STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319

Current Mailing Address:

C/O PHOENIX MANAGEMENT SERVICES INC. 4800 N STATE ROAD 7 SUITE 105 LAUDERDALE LAKES, FL 33319 US

FEI Number: 59-2475800 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHOENIX MANAGEMENT SERVICES INC. 4800 N STATE RD 7 STE 105 LAUDERDALE LAKES, FL 33319 US

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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title VP, TREASURER, DIRECTOR Title PRESIDENT, DIRECTOR

Name OLIVIERI, RALPH Name HARWOOD, AMY

4800 N STATE ROAD 7 SUITE 105 4800 N STATE ROAD 7 SUITE 105 Address Address LAUDERDALE LAKES FL 33319 City-State-Zip: LAUDERDALE LAKES FL 33319 City-State-Zip:

Title SECRETARY, DIRECTOR Title DIRECTOR

Name MOOSAI, SUSAN MEGIBOW, JASON Name

Address 4800 N STATE ROAD 7 SUITE 105 4800 N STATE ROAD 7 SUITE 105 Address City-State-Zip: LAUDERDALE LAKES FL 33319

City-State-Zip: LAUDERDALE LAKES FL 33319

Title **DIRECTOR** DIRECTOR Title

BOUCHARD, MICHELE Name Name LAMBORGHINI, BARBARA

4800 N STATE ROAD 7 SUITE 105 Address Address 4800 N STATE ROAD 7 SUITE 105 City-State-Zip: LAUDERDALE LAKES FL 33319 City-State-Zip: LAUDERDALE LAKES FL 33319

Title DIRECTOR Name GLASS, GARY

4800 N STATE ROAD 7 SUITE 105 Address City-State-Zip: LAUDERDALE LAKES FL 33319

I hereby 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 all other like empowered.

SIGNATURE: AMY HARWOOD **PRESIDENT** 03/13/2013