

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90030 015 ****61.25



DOCUMENT # 723984
 1. Entity Name
BOCA PALMS, INC.

Principal Place of Business: **290 W. PALMETTO PARK ROAD BOCA RATON FL 33432**
 Mailing Address: **290 W. PALMETTO PARK ROAD BOCA RATON FL 33432**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

40000000



1st MOORE CR2E037 (10/04)

4. FEI Number: **59-1511931** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
FRASER, BEVERLEY A
290 WEST PALMETTO PARK ROAD
E 406
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: KOPSTAN, NICK STREET ADDRESS: 340 W PALMETTO PARK RD. UNIT 106 CITY-ST-ZIP: BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete	TITLE: President NAME: TAPIA, Victor STREET ADDRESS: 6780 SW 185 Way CITY-ST-ZIP: SW Ranchos Fl. 33332	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: JACKSON, HEWITT STREET ADDRESS: 290 W. PALMETTO PK. RD. APT 512 CITY-ST-ZIP: BOCA RATON FL 33432	<input checked="" type="checkbox"/> Delete	TITLE: Vice President NAME: Sim, Arthur STREET ADDRESS: P.O. Box 471 CITY-ST-ZIP: Powers LAKE WI 53159	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HARNANG, BECKY STREET ADDRESS: 213 SARBOROUGH CO. CITY-ST-ZIP: VALPARAISO IN 46385	<input type="checkbox"/> Delete	TITLE: S NAME: HARNUNG, Becky STREET ADDRESS: 213 SCARBOROUGH COURT CITY-ST-ZIP: VALPARAISO IN. 46385	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: FRASER, BEVERLEY A STREET ADDRESS: 290 WEST PALMETTO PARK RD. CITY-ST-ZIP: EAST DOVER, NOVA SCOTIA CA 0A1 1A	<input type="checkbox"/> Delete	TITLE: T NAME: Fraser, Beverley A. STREET ADDRESS: 153 Scotts Point Rd. CITY-ST-ZIP: EAST DOVER, NOVA SCOTIA CANADA B3Z 3W2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: TAPIA, VICTOR STREET ADDRESS: 6780 SW 185 WAY CITY-ST-ZIP: SOUTHWEST RAVIDES FL 33332	<input type="checkbox"/> Delete	TITLE: D. NAME: LAVIN, ANNE STREET ADDRESS: 290 W. Palmetto Park Rd. Unit 504 CITY-ST-ZIP: BOCA RATON FL. 33432	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ 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 exemption stated in Section 119.07(3)(i), 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: *Beverly A. Fraser, Beverley Fraser* Date: *Mar. 9/05* 561-416-5537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #