


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

06 JUL 26 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *723980*
Boca Palms Inc



Principal Place of Business: 4350 NW 19TH AVENUE, SUITE C, POMPAÑO BEACH FL 33064 US
Mailing Address: P. O. BOX 97-0069, STE 100, BOCA RATON FL 33497-0069 US



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

1st MOORE CR2E037 (10/05)

City & State, Zip, Country

4. FEI Number: *59-1511921*
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PALOMBI, GARY
4350 NW 19TH AVENUE
STE C
POMPAÑO BEACH FL 33064

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: *GARY Palombi* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>P Victor Tavia</i>
STREET ADDRESS	<i>290 W Palmetto Park Rd</i>
CITY - ST - ZIP	<i>Boca Raton FL 33432</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>VP Arthur Sami</i>
STREET ADDRESS	<i>290 W Palmetto Park Rd</i>
CITY - ST - ZIP	<i>Boca Raton FL 33432</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>+ Alice Rooney</i>
STREET ADDRESS	<i>290 W Palmetto Park Rd</i>
CITY - ST - ZIP	<i>Boca Raton FL 33432</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>S Becky Harrington</i>
STREET ADDRESS	<i>290 W Palmetto Park Rd</i>
CITY - ST - ZIP	<i>Boca Raton FL 33432</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

300078230543
08/01/06--01047--002 **\$1.25

jc 8/1

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like, empowered.