2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#724365

FILED Mar 16, 2006 Secretary of State

Entity Name: BOCA WEST MASTER ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 20540 CNTRY CLUB BLVD #105 BOCA RATON, FL 334344202 **Current Mailing Address: New Mailing Address:** 20540 CNTRY CLUB BLVD #105 BOCA RATON, FL 334344202 FEI Number: 59-1619611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAIMOND, WILLIAM 20540 COÚNTRY CLUB BLVD SUITE 105 BOCA RATON, FL 334344202 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOLLANDER, CYNTHIA Name: Name: 19657 OAKBROOK CIRCLE Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: () Delete Title: () Change () Addition HABERMAN, MARK Name: Name: Address: 20394 LINKSVIEW DR Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: () Delete Title: S/D (X) Change () Addition ADLER, MARCIA ADLER, MARCIA Name: Name: 19465 WATERS REACH ST. #203 19465 WATERS REACH ST. #203 Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: BOCA RATON, FL 33434 Title: () Delete Title: () Change () Addition KANTER, PHÌLÍP Name: Name: Address: 7783 WIND KEY DR Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: () Delete Title: () Change () Addition JACOBSON, ALLEN Name: Name: 194502 CHAPEL CREEK DR Address: Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: () Delete Title: () Change () Addition SILVERMAN, LEONARD Name: Name: Address: 19880 SAWGRASS LANE #3903 Address: BOCA RATON, FL 33434 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARILYN PAMER SEC 03/16/2006