

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90037 017 ****61.25

DOCUMENT # 751147
 1. Entity Name
BOCA ROYAL PALM CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**382 E ROYAL PALM RD
 BOCA RATON FL 33432**

Mailing Address
**%KATHY STAGGS
 424 NW 14 STREET
 BOCA RATON FL 33432**

2. Principal Place of Business
382 E ROYAL PALM RD

3. Mailing Address
**JIRINA HORAK
 P.O. BOX 552 BOCA RATON**

City & State
BOCA RATON

City & State
BOCA RATON

Zip Country
33432 FL

Zip Country
33429 FL

94031004



MOORE CR2E037 (11/03)

4. FEI Number **59-2419777** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**STAGGS, KATHY
 424 NW 14 STREET
 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 *Jirina Horak* DATE **3-12-04**

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, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WOTOCEK, TOM 850 NE SPANISH RIVER BLVD BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GINDEL ROBERT 382 E ROYAL PALM RD. APT. 11 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GINDEL, ROBERT 382 E. ROYAL PALM RD. APT. 11 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOTOCEK TOM 850 NE SPANISH RIVER BLVD BOCA RATON FL 33432 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STAGGS, KATHY 424 NW-14 STREET BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JIRINA HORAK 382 E ROYAL PALM RD APT H-9 BOCA RATON FL 33432 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAGGS, KATHY 424 N.W. 14 ST. BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JIRINA HORAK 382 E ROYAL PALM RD APT H-9 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMEIDA, ELIZABETH 382 E ROYAL PALM APT 12 BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMEIDA ELIZABETH 382 E ROYAL PALM RD APT 12 BOCA RATON, FL 33432 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, ALAN R TROUT RD 2395 RTE 65 BLOOMFIELD NY 14469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER ALAN R TROUT RD 2395 RTE 65 BLOOMFIELD N.Y. 14469 <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: *Jirina Horak* DATE **3/12/04** DAYTIME PHONE # **561 271-1900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR