2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#755416

FILED May 01, 2006 Secretary of State

Entity Name: WEST BOCA COMMUNITY COUNCIL, INC.

Current F	Principal Place of Business:	New Principal Place of Business:
	GHLAND CR TON, FL 33428 US	10619 MAPLE CHASE DRIVE BOCA RATON, FL 33498 US
Current N	lailing Address:	New Mailing Address:
	GHLAND CR TON, FL 33428 US	10619 MAPLE CHASE DRIVE BOCA RATON, FL 33498 US
	r: 75-5416000 FEI Number Applied nce with s. 607.193(2)(b), F.S., the corpo	
Name and	d Address of Current Registered	Agent: Name and Address of New Registered Agent:
10619 MA BOCA RA	ROUGH, SHERI A PLE CHASE DR TON, FL 33498 US	ent for the purpose of changing its registered office or registered agent, or both,
		int for the purpose of changing its registered office of registered agent, of both,
in the Stat	e of Florida.	antitor the purpose of changing its registered office of registered agent, or both,
	e of Florida. * RE:	
in the Stat SIGNATU	e of Florida.	
in the Stat SIGNATU OFFICER Title: Name: Address:	e of Florida. RE: Electronic Signature of Regi	stered Agent Date
in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electronic Signature of Regions AND DIRECTORS: D () Delete BRENNER, MILTON, 10935 BOCA WOODS LANE	stered Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address:
in the Stat SIGNATU	Electronic Signature of Reginster Section Signature of Regins Section	stered Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

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: SHERI SCARBOROUGH PD 05/01/2006