


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 757539
 1. Entity Name
LA RESIDENCE OF BOCA DEL MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
23200 CAMINO DEL MAR **23200 CAMINO DEL MAR**
BOCA RATON, FL 33433 **BOCA RATON, FL 33433**

DO NOT WRITE IN THIS SPACE



01132006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-2082631** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FEDERAL PROP MGMT
ATTN: DAVID A. BLACK
6898 CONSOLATA STREET
BOCA RATON, FL 33433

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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

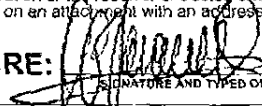
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACEACHRON, JOHN
STREET ADDRESS	23200 CANINO DEZ MAR #706
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VD
NAME	SPENCER, JULIUS
STREET ADDRESS	23200CAMINO DEL MAR #708
CITY-ST-ZIP	BOCA RATON, FL
TITLE	TD
NAME	WOLFF, KLANS
STREET ADDRESS	23200 CANINO DE MAR #304
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	SD
NAME	PILLING, CYNTHIA
STREET ADDRESS	23200 CANINO DEZ MAR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	PD
NAME	VAZQUEZ-ORTIZ, OSCAR
STREET ADDRESS	23200 CANINO DEZ MAR #404
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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000000420412
 02/15/06-80055-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **OSCAR A. VAZQUEZ-ORTIZ** Date **1/26/06** Daytime Phone # **561-350-8952**