
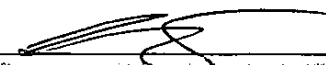


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90004 041 ****61.25

DOCUMENT # 757539					
1. Entity Name LA RESIDENCE OF BOCA DEL MAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 23200 CAMINO DEL MAR BOCA RATON, FL 33433			Mailing Address 23200 CAMINO DEL MAR BOCA RATON, FL 33433		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2082631	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FEDERAL PROP MGMT ATTN: DAVID A. BLACK 6898 CONSOLATA STREET BOCA RATON, FL 33433			Name BECKER & POLIAKOFF Street Address (P.O. Box Number is Not Acceptable) 625 N. FLAGLER DR. 7TH FLR City WEST PALM BEACH, FL Zip Code 33401		
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  JOSEPH JANSSEN, ESQ. FOR LA RESIDENCE OF BOCA DEL MAR CONDOMINIUM ASSOCIATION, INC. 4/30/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACEACHRON, JOHN		NAME		
STREET ADDRESS	23200 CANINO DEZ MAR #706		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPENCER, JULIUS		NAME	BARBARA MANDELL	
STREET ADDRESS	23200CAMINO DEL MAR #708		STREET ADDRESS	23200 CAMINO DEL HAR #603	
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFF, KLANS		NAME		
STREET ADDRESS	23200 CANINO DE MAR #304		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PILLING, CYNTHIA		NAME	NEONIG MENAHERA	
STREET ADDRESS	23200 CANINO DEZ MAR		STREET ADDRESS	23200 CAMINO DEL HAR # 702	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAZQUEZ-ORTIZ, OSCAR		NAME		
STREET ADDRESS	23200 CANINO DEZ MAR #404		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: 