2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # 761055

1. Entity Name

Zip

SEA RANCH CLUB OF BOCA CONDOMINIUM



ASSOCIATION, INC.		
Principal Place of Business	Mailing Address	
4301 NORTH OCEAN BLVD BOCA RATON FL 33431	4301 NORTH OCEAN BLVD BOCA RATON FL 33431	

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90336 014 ****70.00

1st MOORE CR2E037 (10/05)				
4. FEI Number	Applied For				
59-2149877	Not Applicable				
	3.75 Additional e Required				
7. Name and Address of New Registered Ag	ent				

GAGLIANO, KAREN A PA 185 NW SPANISH RIVER BLVD STE 290 **BOCA RATON FL 33431**

6. Name and Address of Current Registered Agent

Country

7. Name and Address of New Registered Agent				
Name		_		
Street Address (P.O. Box Number is	Not Acceptable)			
City	FL Zip Code			
ed office or registered agent, or both, in	the State of Florida, I am familiar with, and acce	n		

8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.

Country

SIGNATURE		
Standard typed or braited name of registered agent and title if applicable	(NOTE: Registered Agent signature regulard when registation)	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

Make Check Payable to Florida Department of State

10.	OFFICERS AND DIRECTORS	_	11.	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN	110
TITLE	D	Delete	TITLE	⊅ (Change	Addition
NAME	KING, JAMES		NAME	Gabso, Gary		
STREET ADDRESS	4101 N. OCEAN BLVD D-1509		STREET ADDRESS	4301 N. Ocean Block. A-503		
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	BOCA RATON, FI. 33431		
TITLE	D	☐ Delete	TITLE	D .	☐ Change	Addition
NAME	MARVIN, MARCUS		NAME	Michaels, Robin		
STREET ADDRESS	4201 N. OCEAN BLVD #C807		STREET ADDRESS	4301 N. Ocean Blud A-808		
CITY-ST-ZIP	BOCA RATON FL 33431		CITY - ST - ZIP	Boca Ration, Fl. 33431		
TOLE	D	Delete	TITLE	D 1	Change	Addition
NAME	LEIGH, JOHANN M		NAME	Noto, ELAINE		
STREET ADDRESS	4301 N OCEAN BLVD, #1403		STREET ADDRESS	4001 N. Ocean Blud, B-705	<u></u>	
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	Boca Raton, Fl. 33431		
TITLE	D	☐ Delete	TITLE	\mathcal{D}	Change	Addition
NAME	ROTHKOPF, SAUL		NAME	Wolff, Michael		•
STREET ADDRESS	4201 N. OCEAN BLVD #C-1208		STREET ADDRESS	4001 N. Ocean Blud B-120	7	
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	Boca Roton, F1. 33431	•	
TITLE	D	Delete	TITLE	D	☐ Change	Addition
NAME	SHULMAN, BERNARD		NAME	Klitzberg, Richard		
STREET ADDRESS	4001 N OCEAN BLVD, #B-1104		STREET ADDRESS	4501 N. Ocean Blud C-TH-8		
CITY-ST-ZIP	BOCA RATON FL 33431		CITY - ST - ZIP	Boca paton, Fl. 33431		
TITLE	D	☐ Delete	TITLE	D	☐ Change	Addition
NAME	BOTWIN, RITA D		NAME	Gotlib, Simon	•	
STREET ADDRESS	4001 N. OCEAN BLVD B-508		STREET ADDRESS	4101 N. Ocean Blud D-701		
CITY-SI-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	Boog Raton, Pl 33431		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 the corporation of the receiver of the second care and the se if changed, or on an attachment with an address, with all other like empowered.