

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90043 017 \*\*\*\*61.25

<b>DOCUMENT # 761559</b>					
<b>1. Entity Name</b> BOCA PATIO VILLAGE HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 22207 FRESNO TERRACE BOCA RATON FL 33433 US			<b>Mailing Address</b> 951 BROKEN SOUND PKWY 250 BOCA RATON FL 33487 US		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0207577	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  COMMUNITY ASSOCIATION SERVICES 951 BROKEN SOUND PKWY 250 BOCA RATON FL 33487				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE _____</span>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VPD <b>NAME</b> PERKINS, E.L. <b>STREET ADDRESS</b> 7964 LOVE LN. <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input type="checkbox"/> Delete		<b>TITLE</b> PRESIDENT D <b>NAME</b> EPSTEIN, DANIEL <b>STREET ADDRESS</b> 7975 LOVE LN <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> ISRAEL, BEN <b>STREET ADDRESS</b> 7943 LOVE LANE <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input type="checkbox"/> Delete		<b>TITLE</b> VPD <b>NAME</b> PERKINS, E.L. <b>STREET ADDRESS</b> 7964 LOVE LN <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SELEVAN, ANN <b>STREET ADDRESS</b> 22182 FRESNO TERR <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b> ISRAEL, BEN <b>STREET ADDRESS</b> 7943 LOVE LN <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> NOVEN, HOWARD <b>STREET ADDRESS</b> 22157 THOMAS TERR <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> ABRAHAM, RICHARD <b>STREET ADDRESS</b> 7970 LOVE LN <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> EPSTEIN, DANIEL <b>STREET ADDRESS</b> 7975 LOVE LANE <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> NOVEN, HOWARD <b>STREET ADDRESS</b> 22157 THOMAS TERR <b>CITY-ST-ZIP</b> BOCA RATON FL 33433	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 I am empowered.</b>					
<b>SIGNATURE:</b> <span style="float: right; font-size: 2em;">2/24/05</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date _____ Daytime Phone # _____</span>					