


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90102 019 \*\*\*\*61.25

<b>DOCUMENT # 769535</b> 1. Entity Name <b>BOCA WALK HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O GLEN MANAGEMENT SERVICES 301 W. CAMINO GARDENS BLVD., STE. 200 BOCA RATON, FL 33432 US</b>			Mailing Address <b>C/O GLEN MANAGEMENT SERVICES 301 W. CAMINO GARDENS BLVD., STE. 200 BOCA RATON, FL 33432 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2378201</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GLEN, A 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>PURDIE, ELIZABETH</b> <b>6335 WALK CIR</b> <b>BOCA RATON, FL 33433</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Morvin Hoding</b> <b>6471 Boca Cir</b> <b>Boca Raton FL 33433</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WHARTON, SANDRA</b> <b>6379 BOCA CIRCLE</b> <b>BOCA RATON, FL 33433</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MIRAGLIA, CHARLES</b> <b>6397 BOCA CIRCLE</b> <b>BOCA RATON, FL 33433</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>NEPI, MATTIA</b> <b>6449 BOCA CIRCLE</b> <b>BOCA RATON, FL 33433</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LOPEZ, ANDREA</b> <b>6406 BOCA CIRCLE</b> <b>BOCA RATON, FL 33433</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 like empowered.					
<b>SIGNATURE: Sandra K Wharton Sandra K Wharton President 2/22/05 561-361-9668</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

