


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90197 035 \*\*\*\*61.25

<b>DOCUMENT # 769535</b> 1. Entity Name BOCA WALK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O GLEN MANAGEMENT SERVICES 301 W. CAMINO GARDENS BLVD., STE. 200 BOCA RATON, FL 33432 US				Mailing Address C/O GLEN MANAGEMENT SERVICES 301 W. CAMINO GARDENS BLVD., STE. 200 BOCA RATON, FL 33432 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  GLEN, A 301 W CAMINO GARDENS BLVD #200 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;">FL</div> Zip Code	
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</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	15 <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PURDIE, ELIZABETH		NAME		
STREET ADDRESS	6335 WALK CIR		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	PD		NAME		
STREET ADDRESS	WHARTON, SANDRA		STREET ADDRESS		
CITY-ST-ZIP	6379 BOCA CIRCLE		CITY-ST-ZIP		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VP		NAME		
STREET ADDRESS	<del>MIRAGLIA CHARLES</del>		STREET ADDRESS		
CITY-ST-ZIP	<del>6397 BOCA CIRCLE</del>		CITY-ST-ZIP		
CITY-ST-ZIP	<del>BOCA RATON, FL 33433</del>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	T HARDING, MARVIN		NAME		
STREET ADDRESS	HODING, MORVIN		STREET ADDRESS		
CITY-ST-ZIP	6471 BOCA CIR		CITY-ST-ZIP		
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	DSCHNACK BURGER		NAME		
STREET ADDRESS	PAULA		STREET ADDRESS		
CITY-ST-ZIP	6334 WALK CIRCLE		CITY-ST-ZIP		
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	PFARRER, ISADORE		NAME		
STREET ADDRESS	6351 WALK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		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.					
<b>SIGNATURE:</b> <i>Marvin L Harding</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/18/06 56361 8573 <small>Date Daytime Phone #</small>		