


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90157 026 ****61.25

DOCUMENT # N00874					
1. Entity Name PROMENADE AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 7137 A PROMENADE DR. BOCA RATON, FL 33433			Mailing Address 7169 PROMENADE DR. BOCA RATON, FL 33433		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2385991	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMMUNITY ASSOC. SERVICES 7225 PROMENADE DR BOCA RATON, FL 33433			Name Street Address (P.O. Box Number is Not Acceptable) <i>7169 Promenade Dr</i> City FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	SD	<input checked="" type="checkbox"/> Delete	TITLE	<i>VD</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAMOND, ARTHUR		NAME	<i>Helene Cohen</i>	
STREET ADDRESS	7153 PROMENADE DR		STREET ADDRESS	<i>7202 Promenade Dr</i>	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	<i>Boca Raton, FL 33433</i>	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<i>TD</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATNER, WILLIAM		NAME	<i>Louis Sandler</i>	
STREET ADDRESS	7225 PROMENADE DR		STREET ADDRESS	<i>7202 Promenade Dr</i>	
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP	<i>Boca Raton, FL 33433</i>	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, OTTO		NAME		
STREET ADDRESS	7178 PROMENADE DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNOW, DAVID D		NAME		
STREET ADDRESS	7137 PROMENADE DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRONHAUS, LARRY		NAME		
STREET ADDRESS	7217 PROMENADE DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<i>D</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERT, LEON		NAME		
STREET ADDRESS	7145 PROMENADE DRIVE		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 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 information.					
SIGNATURE: <i>Dan Chernow</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>4/5/05</i> Daytime Phone #: <i>561-395-7732</i>	