


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N00874

1. Entity Name
PROMENADE AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

7137 A PROMENADE DR. 7169 PROMENADE DR
BOCA RATON, FL 33433 BOCA RATON, FL 33433



02242008 No Chg-NP CR2E037 (11/03)

4. FEI Number Applied For
59-2385991 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMMUNITY ASSOC. SERVICES
7169 PROMENADE DR
BOCA RATON, FL 33433

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VO
NAME	COHEN, HELENE
STREET ADDRESS	7202 PROMENADE DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	TD
NAME	SANDLER, LOUIS
STREET ADDRESS	7209 PROMENADE DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	PD
NAME	OECKER, OTTO
STREET ADDRESS	7178 PROMENADE DR
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	CHERNOW, DAVID D
STREET ADDRESS	7137 PROMENADE DR
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	KRONHAUS, LARRY
STREET ADDRESS	7217 PROMENADE DR
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	GREENBERT, LEON
STREET ADDRESS	7145 PROMENADE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433

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03/15/06-80040-002 61.25

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.

SIGNATURE: Helene Cohen Vice Pres. 3/1/06 561-395-7732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #