

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00875**  
 1. Entity Name  
**PROMENADE AT BOCA POINTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 7169 PROMEANDE DR BOCA RATON, FL 33433	Mailing Address 7169 PROMEANDE DR BOCA RATON, FL 33433
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02252004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2385986	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COMMUNITY ASSOC. SERVICES  
 7137 PROMENADE DR  
 BOCA RATON, FL 33433

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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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000077958 03/08/04-80008-014 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHERNOW, DAN 7137 PROMENADE DR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, LEONARD 7161 PROMENADE DR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GREENBERG, LEON 7145 PROMENADE DR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COHEN, MURIEL 7137 PROMENADE DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STRATIS, SOPHIA 761 PROMENADE DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Dan Chernow 3/2/04 561-395-7732  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #