
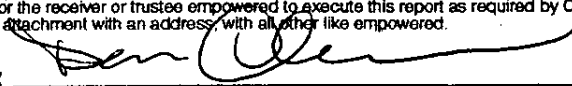


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90074 038 \*\*\*\*61.25

<b>DOCUMENT # N00875</b>						
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			
2. Principal Place of Business			2. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2385986		
				Applied For <input type="checkbox"/> Not Applicable		
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
COMMUNITY ASSOC. SERVICES 7137 PROMENADE DR BOCA RATON, FL 33433			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>						
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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHERNOW, DAN			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	KLEIN, LEONARD			NAME		
STREET ADDRESS	7161 PROMENADE DR			STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL			CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREENBERG, LEON			NAME		
STREET ADDRESS	7145 PROMENADE DR			STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL			CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COHEN, MURIEL			NAME		
STREET ADDRESS	7137 PROMENADE DR			STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP		
TITLE	OV	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STRATIS, SOPHIA			NAME	VD Allen Usow	
STREET ADDRESS	761 PROMENADE DR			STREET ADDRESS	7145 Promenade Dr	
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				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.						
SIGNATURE: 				Date: 4-5-05 561-395-7732		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #		