


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N00875 1. Entity Name PROMENADE AT BOCA POINTE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 7169 PROMEANDE DR BOCA RATON, FL 33433	Mailing Address 7169 PROMEANDE DR BOCA RATON, FL 33433
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02242006 No Chg-NP CR2E037 (11/05)

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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CHERNOW, DAN
STREET ADDRESS	7137 PROMENADE DR
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	KLEIN, LEONARD
STREET ADDRESS	7161 PROMENADE DR
CITY-ST-ZIP	BOCA RATON, FL
TITLE	DT
NAME	GREENBERG, LEON
STREET ADDRESS	7145 PROMENADE DR
CITY-ST-ZIP	BOCA RATON, FL
TITLE	DS
NAME	COHEN, MURIEL
STREET ADDRESS	7137 PROMENADE DR
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000453109
03/14/06 80005-021 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: *Leon Greenberg* *Leon Greenberg* *Muriel Cohen* **3/1/06** **561-395-7732**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #