


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90093 028 \*\*\*\*61.25

**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**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03082007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2385986**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**COMMUNITY ASSOC. SERVICES  
 7137 PROMENADE DR  
 BOCA RATON, FL 33433**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CHERNOW, DAN</b>	
STREET ADDRESS	<b>7137 PROMENADE DR</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KLEIN, LEONARD</b>	
STREET ADDRESS	<b>7161 PROMENADE DR</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>GREENBERG, LEON</b>	
STREET ADDRESS	<b>7145 PROMENADE DR</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, MURIEL</b>	
STREET ADDRESS	<b>7137 PROMENADE DR</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P D Allen Usow</b>	
STREET ADDRESS	<b>7145 Promenade Dr 202</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33433</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 M. Klein* **3/14/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #