## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000004566

Name:

Address:

City-St-Zip:

Entity Name: BOCA RATON COMMUNITY CHORUS, INC.

FILED Jan 24, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8021 NADMAR AVE 17220 NEWPORT CLUB DRIVE BOCA RATON, FL 33434 BOCA RATON, FL 33496 **Current Mailing Address: New Mailing Address:** 17220 NEWPORT CLUB DRIVE 8021 NADMAR AVE BOCA RATON, FL 33434 BOCA RATON, FL 33496 FEI Number: 43-2060441 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: CORWIN, BOBBI PALADINO, CONNIE 17220 NEWPORT CLUB DRIVE 8021 NADMAR AVE BOCA RATON, FL 33434 US BOCA RATON, FL 33496 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. SIGNATURE: CONNIE PALADINO 01/24/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CORWIN, BOBBI PALADINO, CONNIE Name: Name: 8021 NADMAR AVE Address: 17220 NEWPORT CLUB DRIVE Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: BOCA RATON, FL 33496 Title: () Delete Title: (X) Change ( ) Addition CORWIN, GENE Name: BASS, ELAINE Name: Address: 8021 NADMAR AVE Address: 6859 CALLE DEL PAZ N City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: BOCA RATON, FL 33433 Title: Title: () Change () Addition () Delete STERN, NIKI Name: Name: Address: 19870 MILAN TERR Address: City-St-Zip: BOCA RATON, FL 33434 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition Name: Name: HERRMANN, LOTHAR 1537 SW 6TH AVE. Address: Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33486 Title: () Delete Title: ( ) Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

LEGETTE, GLORIA

8091 SONGBIRD TERRACE

BOCA RATON, FL 33496

SIGNATURE: CONNIE PALADINO MRS. 01/24/2006