


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N06140
 1. Entity Name
PROMENADE AT BOCA POINTE CONDOMINIUM ASSOCIATION NO. 2, INC.



Principal Place of Business 7137 A PROMENADE DR. BOCA RATON, FL 33433	Mailing Address 7169 PROMENADE 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 59-2457673	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$81.25
Due by May 1, 2004

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

U00000077957
 03/08/04-80008-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AARON JEFF 7178 PROMENADE DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OTTO DECKER 7178 PROMENADE DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACK BANKS 7202 PROMENADE DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVERMAN, ARNOLD S 7186 PROMENADA DR BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COHEN, HOWARD 7202 PROMENADE DR BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Arnold S. Silverman 3-2-04 561-395-7732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #