

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-08-2005 90079 026 ****61.25

DOCUMENT # N06141

1. Entity Name
 PROMENADE AT BOCA POINTE CONDOMINIUM
 ASSOCIATION NO. 3, INC.



Principal Place of Business
 7137 A PROMENADE DR.
 BOCA RATON, FL 33433-6903

Mailing Address
 7169 PROMENADE DR.
 BOCA RATON, FL 33433-6903

50035116



03172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-2643019

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COMMUNITY ASSOC. SERIVCES
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE: TD
 NAME: SANDLER, LOUIS
 STREET ADDRESS: 7233 PROMENADE DR.
 CITY-ST-ZIP: BOCA RATON, FL 33433

TITLE: VP
 NAME: RATNER, WILLIAM
 STREET ADDRESS: 7225 PROMENADE DRIVE
 CITY-ST-ZIP: BOCA RATON, FL

TITLE: SD
 NAME: NOLAND, BERNICE
 STREET ADDRESS: 7217 PROMENADE DRIVE
 CITY-ST-ZIP: BOCA RATON, FL

TITLE: D.
 NAME: SOLTZ, HARRY
 STREET ADDRESS: 7217 PROMENADE DRIVE
 CITY-ST-ZIP: BOCA RATON, FL

TITLE: P
 NAME: KRONHAUS, LARRY
 STREET ADDRESS: 7217 PROMENADE DRIVE
 CITY-ST-ZIP: BOCA RATON, FL

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4/5/05
 Date

561-395-7722
 Daytime Phone #