2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N06141

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



FILED Mar 06, 2006 8:00 am Secretary of State

03-06-2006 90026 015 ****61.25

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7137 A PROMENADE DR				Mailing Address 7169 PROMENADE DR BOCA RATON, FL 33433-6903				- - 1 10077141 011	25 11 251 1 128 21 2 1	is don ason ason	. .	
Principal Place of Business 3. Mailing Address				ng Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				02242006	Chg-NP	CR2E	037 (11/05)
City & State			City & State					4. FEI Number 59-264	3019			Applied For Not Applicable
Zip Country			Zip	Zip Coun				5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registere				J Agent				7. Name and Address of New Registered Agent				
						Name						
COMMUNITY ASSOC. SERIVCES 7137 PROMENADE DR BOCA RATON, FL 33433							Street Address (P.O. Box Number is Not Acceptable)					
	,					City					■ Zip C	ode
						City				F	L∣ [™]	ouc
	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 agreture required when renstating) DATE DATE												
Filing Fee is \$61.25 9. Due by May 1, 2006			O Flooring Co-	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
	-					-			F			
10.	-	ay 1, 2006	DIRECTORS		ontributio	-	<u> </u>	Added to Fees	F	lorida Dep	artment of	State
	Due by Ma		DIRECTORS	Trust Fund C	ontributio	on.	<u> </u>	Added to Fees	ANGES TO OFF	lorida Dep	DIRECTORS	State IN 10
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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 on 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 withyan address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #