


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N07516 1. Entity Name BOCA PALM PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6971 NO. FEDERAL HIGHWAY, SUITE 401 402 BOCA RATON FL 33487 US		Mailing Address 6971 NO., FEDERAL HWY 402 BOCA RATON FL 33487 US			
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 59-2820273	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREENWALD, STEVEN I 6971 N. FEDERAL HIGHWAY SUITE 105 BOCA RATON FL 33487				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAURINSKI, BRONISLAUS		NAME	U00000036000	
STREET ADDRESS	6971 NO. FEDERAL HIGHWAY #204		STREET ADDRESS	02/06/04-80041-004 61.25	
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCELROY, ROBERT		NAME		
STREET ADDRESS	6971 NO. FEDERAL HIGHWAY #405		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POHL, J. WILLIAM		NAME		
STREET ADDRESS	6971 NO. FEDERAL HIGHWAY #401		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP		
TITLE	TP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GABRIEL, LAWRENCE J		NAME		
STREET ADDRESS	6971 NO FEDERAL HIGHWAY #206		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E037 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Handwritten Signature]* K 2-2-04 56-999-099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #