


04-13-2004 90036 033 ****70.00

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N11711			
1. Entity Name TRENDS AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business FLORIDA ONE PROPERTY MGMT 7660 NO STATE RD 7 #4 POMPANO BEACH, FL 33073 US		Mailing Address FLORIDA ONE PROPERTY MGMT 7660 NO STATE RD 7 #4 POMPANO BEACH, FL 33073 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-2779799		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name RUSSO, WILLIAM		Name	
Street Address (P.O. Box Number is Not Acceptable) 7660 NO STATE RD 7 #4		Street Address (P.O. Box Number is Not Acceptable)	
City COCONUT CREEK, FL 33073		City FL	
Zip 33073		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 reissuing) _____ DATE _____			
Filing Fee is \$84.25 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 PD	NAME FERNANDEZ, IRENE	TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 22988 OLD INLET BRDGE DR	CITY-ST-ZIP BOCA RATON, FL	D JASON NAPSKY	
TITLE TD	NAME WEISS, HELEN	TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8581 TEEBERRY LANE	CITY-ST-ZIP BOCA RATON, FL	8575 DYNASTY DR	
TITLE VD	NAME GRAZIOSO, ROBERT	TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 22980 FLORALWOOD LN	CITY-ST-ZIP BOCA RATON, FL 33433	BOCA RATON FL 33433	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	D ANGIE SAMBUCCO	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	23035 SUNFIELD DR	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
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: _____		President 3/31/04	
* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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