
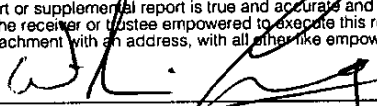


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90108 004 ****61.25

DOCUMENT # N11711							
1. Entity Name TRENDS AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.							
Principal Place of Business C/O EXCLUSIVE PROPERTY MANAGEMENT 1280 S.W. 36 AVE., SUITE 301 POMPANO BEACH, FL 33069 US			Mailing Address C/O EXCLUSIVE PROPERTY MANAGEMENT 1280 S.W. 36 AVE., SUITE 301 POMPANO BEACH, FL 33069 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	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				
JENKINS, KATHLEEN EXCLUSIVE PROPERTY MANAGEMENT 1280 S.W. 36 AVE., SUITE 301 POMPANO BEACH, FL 33069			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 _____							
Filing Fee is \$61.25 Due by May 1, 2006.		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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LONG, WILLIAM		NAME				
STREET ADDRESS	22925 OLD INLET BRIDGE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NAPSKY, JASON		NAME	HANSEN, LESDIA			
STREET ADDRESS	8575 DYNASTY DRIVE		STREET ADDRESS	22200 SANDS POINT DR			
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FERNANDEZ, IRENE		NAME	CARLOUGH, ROBERT			
STREET ADDRESS	22988 OLD INLET BRIDGE DRIVE		STREET ADDRESS	22310 SANDS POINT DR			
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	NAPSKY, JASON		NAME	BROWN, GARY			
STREET ADDRESS	8575 DYNASTY DR		STREET ADDRESS	22231 SANDS POINT DR			
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAMBUCCO, ANGIE		NAME				
STREET ADDRESS	23035 SUNFIELD DR		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WEISS, HELEN		NAME	ACOSTA, DIANE			
STREET ADDRESS	8581 TEEBERRY LANE		STREET ADDRESS	22391 SANDS POINT DR			
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433			
12. 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 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: 			Date: 3/22/06		Daytime Phone #: 954-695-3066		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		