## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N13817

FILED Aug 08, 2007 Secretary of State

Entity Name: WEST BOCA MEDICAL OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O TRIAX GROUP C/O TRIAX GROUP OF SOUTH FLORIDA
P.O. BOX 6286 3400 RABBIT HOLLOWE CIRCLE
BOCA RATON, FL 33427 DELRAY BEACH, FL 33445

Current Mailing Address: New Mailing Address:

C/O TRIAX GROUP C/O TRIAX GROUP OF SOUTH FLORIDA P.O. BOX 6286 P.O. BOX 6286

BOCA RATON, FL 33427 BOCA RATON, FL 33427

FEI Number: 59-2779469 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NORTH, GLORIA O. NORTH, GLORIA O

2300 GLADES ROAD, 203-E 5301 NORTH FEDERAL HWY. SUITE #380

BOCA RATON, FL 33431 US BOCA RATON, FL 33437 U

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.

SIGNATURE: 08/08/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DP (X) Change () Addition Name: PITERA, RICHARD, Name: LOHMANN, RICHARD Address: 9980 W. CENTRAL PARK BL.

Address: 9980 W. CENTRAL PARK BL. Address: 9980 W. CENTRAL PARK BL.

City-St-Zip: BOCA RATON, FL 33428 US City-St-Zip: BOCA RATON, FL 33428 US

Title: D ( ) Delete Title: DS (X) Change ( ) Addition

Name: FUNT, JODI Name: FUNT, JODI

Address: 9980 W CENTRAL PARK BL
City-St-Zip: BOCA RATON, FL 33428 US
Address: 9980 W CENTRAL PARK BL
City-St-Zip: BOCA RATON, FL 33428 US

 $\label{eq:title:DS} \textit{Title:} \qquad \textit{DS} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{DT} \qquad \textit{(X)} \; \textit{Change ()} \; \textit{Addition}$ 

Name: WEINER, HOWARD, Name: BARTON, PAM
Address: 9980 W. CENTRAL PARK BL. Address: 9980 W. CENTRAL PARK BL.

Address: 9980 W. CENTRAL PARK BL. Address: 9980 W. CENTRAL PARK BL. City-St-Zip: BOCA RATON, FL 33428 US City-St-Zip: BOCA RATON, FL 33428 US

 $\label{eq:title:DP} \textit{Title:} \qquad \textit{DP} \qquad (\ ) \, \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{D} \qquad (\textit{X}) \, \textit{Change} \, (\ ) \, \textit{Addition}$ 

 Name:
 LOHMANN, RICHARD
 Name:
 ADELMAN, MARK

 Address:
 9980 W CENTRAL PARK BL
 Address:
 9980 W CENTRAL PARK BL

 City-St-Zip:
 BOCA RATON, FL 33428 US
 City-St-Zip:
 BOCA RATON, FL 33428 US

Title: DT ( ) Delete Title: D (X) Change ( ) Addition

Name: BARTON, PAM Name: GELB, ELISE

Address: 9980 W CENTRAL PARK BL
City-St-Zip: BOCA RATON, FL 33428 US
Address: 9980 W CENTRAL PARK BL
City-St-Zip: BOCA RATON, FL 33428 US
City-St-Zip: BOCA RATON, FL 33428 US

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GELB, ELISE
 Name:

 Address:
 9980 W CENTRAL PARK BL
 Address:

 City-St-Zip:
 BOCA RATON, FL 33428 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAM BARTON DT 08/08/2007