

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90044 049 ****61.25

DOCUMENT # N18604

1. Entity Name
**ISLAND COURT AT BOCA WEST PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**C/O MAHOGANY SERVICES INC.
6700 N.W. BROKEN SOUND PARKWAY, STE. 203
BOCA RATON, FL 33487**

Mailing Address
**C/O MAHOGANY SERVICES INC.
6700 N.W. BROKEN SOUND PARKWAY, STE. 203
BOCA RATON, FL 33487**

34031504



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0019044

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOWARD, ELIAS
MAGOGANY SERVICES INC.
6700 N.W. BROKEN SOUND PARKWAY, STE. 203
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **KLEIN, STANLEY**
STREET ADDRESS **19605 ISLAND COURT DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **VP** ☒ Delete
NAME **LEVY, BOB**
STREET ADDRESS **19563 ISLAND COURT DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **TS** ☐ Delete
NAME **GILBERT, HABERMAN**
STREET ADDRESS **19557 ISLAND COURT DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **D** ☐ Delete
NAME **LAUPHEIMER, MICHAEL**
STREET ADDRESS **19442 ISLAND COURT DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE **S** ☐ Delete
NAME **FIRTEL, MORMA**
STREET ADDRESS **19533 ISLAND CT**
CITY-ST-ZIP **BOCA RATON, F 33434**

TITLE **D** ☐ Delete
NAME **KLEIN, HAROLD**
STREET ADDRESS **19665 ISLAND COURT DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33434**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **KRAUSER HARVEY**
STREET ADDRESS **19496 ISLAND CT. DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **T** ☐ Change ☒ Addition
NAME **SIEGEL ALVIN**
STREET ADDRESS **19575 ISLAND CT. DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **D** ☐ Change ☒ Addition
NAME **GREENBERG, HUGH**
STREET ADDRESS **19460 ISLAND COURT DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 # changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/04