

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90081 037 \*\*\*\*70.00

**DOCUMENT # N19079**  
 1. Entity Name  
**THE POINT AT BOCA WEST ASSOCIATION, INC.**



Principal Place of Business: **C/O LANG MANAGEMENT, INC. 21045 COMMERCIAL TREAIL BOCA RATON FL 33486 US**  
 Mailing Address: **C/O LANG MANAGEMENT, INC. 21045 COMMERCIAL TREAIL BOCA RATON FL 33486 US**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-2067843**  
 Applied For:  Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent  
**LANG MANAGEMENT CO. INC**  
**21045 COMMERCIAL TRAIL**  
**BOCA RATON FL 33486**

7. Name and Address of New Registered Agent  
 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, 2005**

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: PD NAME: SPRING, RICHARD STREET ADDRESS: 20572 LINKS CIRCLE CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete
TITLE: SD NAME: BALL, RENE STREET ADDRESS: 20583 LINKSVIEW CIR CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete
TITLE: VPD NAME: JOSELSON, STANLEY STREET ADDRESS: 20557 LINKVIEW CIR CITY-ST-ZIP: BOCA RATON FL 33434	<input checked="" type="checkbox"/> Delete
TITLE: TD NAME: SHELDON, SISKIN STREET ADDRESS: 6858 WOODBRIDGE DR CITY-ST-ZIP: BOCA RATON FL	<input type="checkbox"/> Delete
TITLE: D NAME: PERLMAN, ARLENE STREET ADDRESS: 20567 LINKSVIEW CIRCLE CITY-ST-ZIP: BOCA RATON FL 33434	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ Date: **2-04-05** Daytime Phone # \_\_\_\_\_