



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90155 008 ****70.00

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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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03222006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2067843	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANG MANAGEMENT CO. INC 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486			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	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SPRING, RICHARD	NAME	FRIED, NANCY		
STREET ADDRESS	20572 LINKS CIRCLE	STREET ADDRESS	20621 LINKSVIEW CIR		
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP	BOCA RATON FL 33434		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALL, RENE	NAME			
STREET ADDRESS	20583 LINKSVIEW CIR	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHELDON, SISKIN	NAME			
STREET ADDRESS	6858 WOODBRIDGE DR	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERLMAN, ARLENE	NAME			
STREET ADDRESS	20587 LINKSVIEW CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33434	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		3-29-06		561 2899275	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

IPATED
MAR 22 2006
BY: [Signature]