


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90176 034 ****61.25

DOCUMENT # N23337

1. Entity Name
BOCA BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 9600 CAROUSEL CIR. SOUTH
 BOCA RATON, FL 33434 US

Mailing Address
 P.O. BOX B600
 BOCA RATON, FL 33429-B600 US

34069317



2. Principal Place of Business
Capital Realty Advisors
 Suite, Apt. #, etc.
600 Sandtree Drive, Suite 109
 City & State
Palm Beach Gardens, FL

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip
 Country

02112004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0021705

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HARTMAN, EDWARD P
 9600 CAROUSEL CIR. SOUTH
 BOCA RATON, FL 33434

7. Name and Address of New Registered Agent
 Name
Capital Realty Advisors, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
600 Sandtree Drive, Suite 109
 City
PBGL State
FL Zip Code
33403

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 *Donna McDonald*
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOTTLIEB, JAMES 9703 WEST LAKE COURT BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PHIRSICHBAUM, ROBERT 9597 CAROUSEL CR NC BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAMER, GENNY 9571 EAST LAKE DR BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAKLAND, LORI 9556 EAST LAKE DR BOCA RATON, FL 33434	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMOWICZ, MICHAEL 9581 EAST LAKE DR. BOCA RATON, FL 33434	<input checked="" 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	T Mark Small 9704 W. Lake Ct Boca Raton FL 33434	<input type="checkbox"/> Change <input checked="" 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: *[Signature]* President Date: *4/9/04* Daytime Phone #: *561.702.4131*