


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90307 029 ****61.25

20038922



| | | | |
|---|---|---|---|
| DOCUMENT # N23337 | |  | |
| 1. Entity Name BOCA BAY HOMEOWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business CAPITAL REALTY ADVISORS 600 SANDTREE DRIVE, STE 109 PALM BEACH GARDENS, FL 33403 US | | Mailing Address P.O. BOX B600 BOCA RATON, FL 33429-B600 US | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address c/o CAPITAL REALTY ADVISORS Suite, Apt. #, etc. | |
| City & State | | City & State PALM BCH GDNS, FL | |
| Zip | Country | Zip | Country |
| 33403 | US | 33403 | US |
| 6. Name and Address of Current Registered Agent CAPITAL REALTY ADVISORS INC 600 SANDTREE DRIVE STE 109 PALM BEACH GARDENS, FL 33403 | | 7. Name and Address of New Registered Agent Name DONNA MCDONALD Street Address (P.O. Box Number is Not Acceptable) c/o CAPITAL REALTY ADVISORS, INC. 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 <i>Donna McDonald</i> | | DATE 4-18-05 | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 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 | VD SMEJKAL, ANDREW 9561 CAROUSEL CIRCLE EAST, BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD PHIRSICHBAUM, ROBERT 9597 CAROUSEL CR NC BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BURNS, WENDY 9600 EAST LAKE DR, BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DRAMER, GENNY 9571 EAST LAKE DR BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HEIDEGGER, KEN 9547 EAST LAKE DR, BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 | D JAMES, CORY 9695 WEST LAKE CT, BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SMALL, MARK 9704 W LAKE CT BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLAZEJEWSKI, DONALD 9645 CAROUSEL CIRCLE NORTH, BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARTSIDE, GARY 9679 WEST LAKE CT, BOCA RATON, FL 33434 <input type="checkbox"/> Change <input checked="" 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: <i>[Signature]</i> | | Date 4/1/05 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

ATTACHMENT

20038922
#N23337

#N23337 - BOCA BAY HOMEOWNERS ASSOCIATION, INC.

PAGE 2 - ADDITIONS

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TRIFUNOVIC, MLADEN 9693 CAROUSEL CIRCLE NORTH BOCA RATON, FL 33434 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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The exemption stated in Section 419.07(4)(a), Florida Statutes, does not apply to the information reported on this form.