


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90237 016 \*\*\*\*61.25

<b>DOCUMENT # N23337</b> 1. Entity Name <b>BOCA BAY HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>CAPITAL REALTY ADVISORS</b> <b>600 SANDTREE DRIVE, STE 109</b> <b>PALM BEACH GARDENS, FL 33403 US</b>			Mailing Address <b>CAPITAL REALTY ADVISORS</b> <b>600 SANDTREE DRIVE, STE 109</b> <b>PALM BEACH GARDENS, FL 33403 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent <b>MCDONALD, DONNA</b> <b>C/O CAPITAL REALTY ADVISORS, INC</b> <b>600 SANDTREE DRIVE, STE 109</b> <b>PALM BEACH GARDENS, FL 33403</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GOTTLIEB, JAMES</b> <b>9703 WEST LAKE COURT</b> <b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SMEJKAL, ANDREW</b> <b>9561 CAROUSEL CIRCLE EAST</b> <b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>BURNS, WENDY</b> <b>9600 EAST LAKE DR</b> <b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEAKLAND, LORI</b> <b>9556 EAST LAKE DR</b> <b>BOCA RATON, FL 33434</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>GRACE LIVINGSTON</b> <b>9704 W. LAKE CT</b> <b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HEIDEGGER, CORY</b> <b>9695 WEST LAKE CT</b> <b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LILLIAN HOUSE</b> <b>9656 W. LAKE CT</b> <b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLAZEJEWSKI, DONALD</b> <b>9645 CAROUSEL CIRCLE NORTH</b> <b>BOCA RATON, FL 33434</b> <input type="checkbox"/> Delete		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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> <b>3/7/06</b>  <small>Date</small> </div> <div style="text-align: right;"> <small>Daytime Phone #</small> </div>		