


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N44543

1. Entity Name
LAKES AT BOCA RATON COMMERCIAL PROPERTY OWNERS' ASSOCIATION, INC.



<i>Principal Place of Business</i>	<i>Mailing Address</i>
2295 N.W. CORPORATE BLVD. SUITE 138 BOCA RATON, FL 33431	2295 N.W. CORPORATE BLVD. SUITE 138 BOCA RATON, FL 33431



01062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2620244	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAAG, DAVID
 2295 NW CORPORATE BLVD.
 SUITE 138
 BOCA RATON, FL 33431

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KASSER, NORMAN 7280 CAMPENA COURT BOCA RATON, FL 33433
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 01/18/06-80005-011 61.25

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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: Norman Kasser **1/10/06** **561-241-0285**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #