


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N9400000237
 1. Entity Name
 BOCA ISLES SOUTH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 C/O G.R.S. MANAGEMENT ASSOCIATES, INC 19951 OCEAN KEY DRIVE
 3800 WOODLAKE BLVD. STE 201 BOCA RATON, FL 33498 US
 LAKE WORTH, FL 33463 US

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01162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0542783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CAPLAN, LOUIS
 301 YAMATO TRUST PLAZA
 STE 4150
 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, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PESCE, FRANK 10861 BAL HARBOR DR BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, RHODA 20076 PALM ISLAND DR BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUPPO, HOWARD 20143 PALM ISLAND DRIVE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHUBITZ, LEONARD 20064 OCEAN KEY DR BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYMAN, ROBERT 20088 OCEAN KEY DR BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEITZ, LINDA 20149 PALM ISLAND DRIVE BOCA RATON, FL 33498

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 02/16/04-80067-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Date: 2/10/04 Daytime Phone #: (561) 477-7334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Wyman
 ROBERT WYMAN