
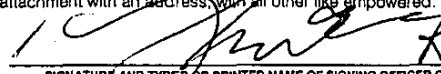


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90064 033 \*\*\*\*61.25

<b>DOCUMENT # N9400000237</b>					
1. Entity Name BOCA ISLES SOUTH PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O G.R.S. MANAGEMENT ASSOCIATES, INC 3800 WOODLAKE BLVD. STE 201 LAKE WORTH, FL 33463 US			Mailing Address 19951 OCEAN KEY DRIVE BOCA RATON, FL 33498 US		
2. Principal Place of Business 19951 Ocean Key Drive		3. Mailing Address		02142005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boca Raton, Florida		City & State		4. FEI Number 65-0542783	
Zip 33498		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAPLAN, LOUIS 301 YAMATO TRUST PLAZA STE 4150 BOCA RATON, FL 33431			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PESCE, FRANK	NAME	Mungenast, Edward		
STREET ADDRESS	10861 BAL HARBOR DR	STREET ADDRESS	10557 East Key Drive		
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	Boca Raton, FL 33498		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDSTEIN, RHODA	NAME	Cohen, Neil		
STREET ADDRESS	20076 PALM ISLAND DR	STREET ADDRESS	20088 West Key Drive		
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	Boca Raton, FL 33498		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SUPPO, HOWARD	NAME	Zulli, Alfred		
STREET ADDRESS	20143 PALM ISLAND DRIVE	STREET ADDRESS	10898 Bal Harbour Drive		
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	Boca Raton, FL 33498		
TITLE	TD <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHUBITZ, LEONARD	NAME	Handlik, Don		
STREET ADDRESS	20064 OCEAN KEY DR	STREET ADDRESS	20058 Palm Island Drive		
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	Boca Raton, FL 33498		
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WYMAN, ROBERT	NAME	Ianiello, Peter		
STREET ADDRESS	20088 OCEAN KEY DR	STREET ADDRESS	10587 St. Thomas Drive		
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	Boca Raton, FL 33498		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEITZ, LINDA	NAME			
STREET ADDRESS	20149 PALM ISLAND DRIVE	STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP			
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: 		ROBERT WYMAN		2/19/05 561 477 7334	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	