


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N94000000237
 1. Entity Name
 BOCA ISLES SOUTH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 19951 OCEAN KEY DRIVE 19951 OCEAN KEY DRIVE
 BOCA RATON, FL 33498 US BOCA RATON, FL 33498 US



02072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 65-0542783 Not Applicable

5. Certificate of Status Desired \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
 Due by May 1, 2006

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

U00000431982
 02/23/06-80046-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUNGENAST, EDWARD 10557 EAST KEY DRIVE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, NEIL 20088 WEST KEY DRIVE BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZULLI, ALFRED 10898 BAL HARBOUR 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 HANDLIK, DON 20058 PALM ISLAND DRIVE BOCA RATON, FL 33498

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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: _____ 2-8-06 561-477-7334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #