


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000001409
1. Entity Name
FLORANADA PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: **21045 COMMERCIAL TRAIL BOCA RATON FL 33486**
Mailing Address: **21045 COMMERCIAL TRAIL BOCA RATON FL 33486**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E037 (10/04)
4. FEI Number: **65-0677429**
Applied For: Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WILLIAM K. ISAACSON,
51045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
FILE NOW: FEE IS \$61.25 Due By May 1, 2005
Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE: PD NAME: FORREST, GENE STREET ADDRESS: 7379 FLORANADA WAY CITY-ST-ZIP: DELRAY BEACH FL 33446 | <input type="checkbox"/> Delete |
| TITLE: SD NAME: FISHER-KERBIS, SARAH STREET ADDRESS: 7411 FLORANADA WAY CITY-ST-ZIP: DELRAY BEACH FL 33446 | <input type="checkbox"/> Delete |
| TITLE: TD NAME: ADLER, WILLIAM STREET ADDRESS: 7387 FLORANDA WAY CITY-ST-ZIP: DELRAY BEACH FL 33446 | <input type="checkbox"/> Delete |
| TITLE: D NAME: JACOBSON, HERB STREET ADDRESS: 7322 FLROANDA WAY CITY-ST-ZIP: DELRAY BEACH FL 33446 | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: Gene Forrest **3/24/05** **561-750-8800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #