


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 MAY 13 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P01000059458</b> 1. Entity Name THE OAKS AT BOCA RATON REALTY, INC.	
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Principal Place of Business 1000 CLINT MOORE ROAD SUITE 110 BOCA RATON, FL 33487	Mailing Address 1000 CLINT MOORE ROAD SUITE 110 BOCA RATON, FL 33487
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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05042004 Chg-P CR2E034 (10/03)

City & State  Zip Country	City & State  Zip Country
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4. FEI Number 65-1123800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

FINKELSTEIN, RICHARD  
 1000 CLINT MOORE ROAD  
 SUITE 110  
 BOCA RATON, FL 33487

**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 \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	PSD <input type="checkbox"/> Delete
NAME	FINKELSTEIN, RICHARD
STREET ADDRESS	1000 CLINT MOORE RD STE 110
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D <input type="checkbox"/> Delete
NAME	MATTHEWS-GRAY, JUDY
STREET ADDRESS	1000 CLINT MOORE RD, STE 110
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWARTZ, LORNA
STREET ADDRESS	1000 CLINT MOORE RD STE 110
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 607, 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:**  5/3/04 **561-997-5760**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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