

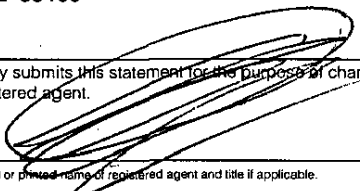
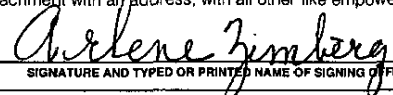


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90019 044 ****61.25

DOCUMENT # 744150 1. Entity Name BOCA RIDGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business POINT MANAGEMENT 75 NE 6 AVENUE #206 DELRAY BEACH, FL 33483			Mailing Address POINT MANAGEMENT 75 NE 6 AVENUE #206 DELRAY BEACH, FL 33483		
2. Principal Place of Business POINTE MANAGEMENT GROUP Suite, Apt. #, etc. 75 NE 6th AVE. Suite 206 City & State DELRAY BEACH, FL Zip 33483 Country USA		3. Mailing Address POINTE MANAGEMENT GROUP Suite, Apt. #, etc. 75 NE 6th AVE. Suite 206 City & State DELRAY BEACH, FL Zip 33483 Country USA			
4. FEI Number 59-1984511				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01072004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent ESTEBANEZ, ERIC 75 NE 6 AVENUE #206 POINTE MANAGEMENT GROUP DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent Name ESTEBANEZ, ERIC Street Address (P.O. Box Number is Not Acceptable) POINTE MANAGEMENT GROUP 75 NE 6th AVENUE SUITE 206 City DELRAY BEACH FL Zip Code 33483		
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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME ESKIN, MARVIN STREET ADDRESS 9646 SABLE RIDGE CIR CITY-ST-ZIP BOCA RATON, FL	<input type="checkbox"/> Delete		TITLE D NAME ESKIN, MARVIN STREET ADDRESS 9346 B SABLE RIDGE CIRCLE CITY-ST-ZIP BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P/D NAME ZIMBERG, ARLENE STREET ADDRESS 9322 SABLE RIDGE CIR CITY-ST-ZIP BOCA RATON, FL	<input type="checkbox"/> Delete		TITLE P NAME ZIMBERG, ARLENE STREET ADDRESS 9334 C SABLE RIDGE CIRCLE CITY-ST-ZIP BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ROTT, FRANCES STREET ADDRESS 9246A SABLE RIDGE CR CITY-ST-ZIP BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE S/T NAME ROTT, FRANCES STREET ADDRESS 9246A SABLE RIDGE CIRCLE CITY-ST-ZIP BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME CASTIGLE, DETER STREET ADDRESS 9268-C SABLE RIDGE CR CITY-ST-ZIP BOCA RATON, FL 33428	<input type="checkbox"/> Delete		TITLE VP NAME CASTIGLE, PETER STREET ADDRESS 9268A SABLE RIDGE CIRCLE CITY-ST-ZIP BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME LAMBERT, MERLE STREET ADDRESS 9346 A SABLE RIDGE CIRCLE CITY-ST-ZIP BOCA RATON, FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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:  ARLENE ZIMBERG			1-20-04 1-5618830940 Date Daytime Phone #		