


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90057 032 \*\*\*\*61.25

<b>DOCUMENT # N94000001191</b>					
<b>1. Entity Name</b> THE SHORES AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 18900 OCEAN MIST DRIVE BOCA RATON, FL 33498 US			<b>Mailing Address</b> 3900 WOODLAKE BLVD SUITE 201 LAKE WORTH, FL 33463		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0536881	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ST JOHN, CORE, FLORE & LEMME P.A. 1601 FORUM PLACE, SUITE 701 WEST PALM BEACH, FL 33401			Name: <u>Patti Heidler Ladwig, P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>12765 W. Forest Hill Blvd Suite 1312</u> <u>Wellington Country Plaza</u> City: <u>Wellington</u> <b>FL</b> Zip Code: <u>33414</u>		
<b>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.</b>					
SIGNATURE: <u>[Signature]</u>		Patti Heidler Ladwig		1/30/04	
Filing Fee is \$61.25 Due by May 1, 2004		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	BERGMAN, PETER <input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME	No Longer on Board <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 18637 OCEAN MIST DRIVE	BOCA RATON, FL 33498		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> DV	GREENE, FELICE <input type="checkbox"/> Delete		<b>TITLE</b> NAME	Staying the Same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 18736 OCEAN MIST DR	BOCA RATON, FL 33498		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> TD	KLEIN, ED <input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 11448 SEA GRASS CIRCLE	BOCA RATON, FL 33498		<b>STREET ADDRESS</b> 11448 Sea Grass Circle	Boca Raton, FL 33498	
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> DV	COHEN, FREEMAN <input type="checkbox"/> Delete		<b>TITLE</b> NAME	Staying the Same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 18548 HARBORLIGHT WAY	BOCA RATON, FL 33458		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> SD	PERLMUTTER, LOIS <input type="checkbox"/> Delete		<b>TITLE</b> NAME	Staying the Same <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 18616 OCEAN MIST DR	BOCA RATON, FL 33498		<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> NAME			<b>TITLE</b> NAME	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b> Rosenbaum, Maxwell	18740 ocean mist Drive	
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>	Boca Raton, FL 33498	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			VP		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/27/04 561 883 5240		
			Date Daytime Phone #		