2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

water to

FILED Mar 24, 2004 8:00 am Secretary of State

DOCUMENT # N25130 1. Entity Name BOCA PARK CONDOMINIUM ASSOCIATION, INC.							03-24-2	004 90027 012	****6	51.25
Principal Place of Business OLD COURT RD BOCA RATON, FL 33433 Mailing Address 2424 N FEDERAL HWY, SUITE 200 BOCA RATON, FL 33431					00				,	IB) BI (4B)
Principal Place of Business			ing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01262004	Chg-NP	CR2E037 (10	0/03)	
City & State		City & State			4. FEI Number		,	App	olied For	
Zip Country		Zip		Coun	try	65-0219520 Not Applicate 5. Certificate of Status Desired See Required 65-0219520 Not Applicate Section 1 Section 1 Section 2 Section				
	6 Name and Address of Current	Registered	Agent			7 Name and /	Address of Na			
6. Name and Address of Current Registered Agent				-	7. Name and Address of New Registered Agent Name					
FELDMAN, MICHAEL 2424 N FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33431				-	Street Address (P.O. Box Number is Not Acceptable)					
					City			FL Z	ip Code	•
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typed or printed name of registered agent	and title if appli	cable. (NOTE:	Registered	Agent signature requir	ired when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2004	and title if appli	9. Election Camp Trust Fund Co	paign Fir	nancing	\$5.00 May Be Added to Fees	•	Make check pay Florida Departmen		
10.	Filing Fee is \$61.25		9. Election Camp	paign Fir	nancing	\$5.00 May Be Added to Fees			nt of Sta	ate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-95-4-344-5353