

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90212 030 ****61.25

DOCUMENT # 769677



1. Entity Name
BOCA ISLE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**10034 W MCNAB RD
TAMARAC, FL 33321 US**

Mailing Address
**10034 W MCNAB RD
TAMARAC, FL 33321 US**

94073571



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2390458

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILES, JAMES R
10034 W MCNAB RD
TAMARAC, FL 33321**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RALEY, GREG ☒ Delete
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME ANDERSON, PAUL ☐ Delete
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE TSD
NAME HROCK, VENESSA ☐ Delete
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME MURPHY, CLAIRE ☒ Delete
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME BARBEY, ADRIEN ☐ Delete
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Anderson, Paul ☒ Change ☐ Addition
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE VPD
NAME KLEIN, Robert ☐ Change ☒ Addition
STREET ADDRESS 10034 W MCNAB RD
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 member 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

Date

Daytime Phone #

4-05-04