

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90004 034 \*\*\*\*61.25

**DOCUMENT # 764082**

1. Entity Name  
THE WOODS AT BOCA DEL MAR CONDOMINIUM, INC.



Principal Place of Business  
LAKE FOREST CIRCLE  
BOCA RATON, FL 33433

Mailing Address  
1000 HOLLAND DRIVE  
STE 12  
BOCA RATON, FL 33487 US

34064306



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2267744

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

TRIDENT PROPERTIES MANAGEMENT  
ATTN: MICHAEL BRODERICK  
1000 HOLLAND DRIVE, SUITE 12  
BOCA RATON, FL 33487

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 \$51.25  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete  
NAME UPDEGRAVE, JOHN  
STREET ADDRESS 21894 LAKE FOREST CIRCLE  
CITY-ST-ZIP BOCA RATON, FL

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

TITLE TS ☐ Delete  
NAME BRUNELLE, MERYL  
STREET ADDRESS 21902 LAKE FOREST CIRCLE  
CITY-ST-ZIP BOCA RATON, FL

TITLE ☒ Change ☐ Addition  
NAME Meryl Brunelle  
STREET ADDRESS 21902 Lake Forest Circle  
CITY-ST-ZIP Boca Raton, FL 33433

TITLE D ☐ Delete  
NAME WATSON, LINDA  
STREET ADDRESS 21902 LAKE FOREST CIR #102  
CITY-ST-ZIP BOCA RATON, FL

TITLE ☐ Change ☐ Addition  
NAME D Robert Watson  
STREET ADDRESS 21902 Lake Forest Circle  
CITY-ST-ZIP Boca Raton, FL 33433

TITLE D ☐ Delete  
NAME AZOULEY, SHIMON  
STREET ADDRESS 21900 LAKE FOREST CIRCLE  
CITY-ST-ZIP BOCA RATON, FL 33433

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

TITLE D ☐ Delete  
NAME DUCHENE, HOWARD  
STREET ADDRESS 9235 SW 8TH STREET #412  
CITY-ST-ZIP BOCA RATON, FL 33428

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

TITLE D ☒ Delete  
NAME LEVERETTE, KEITH  
STREET ADDRESS 121 E ORCHARD RIDGE LANE  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Change ☐ 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 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 #

7/20/04