


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90060 002 \*\*\*\*61.25

<b>DOCUMENT # N94000001191</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  Suite, Apt. #, etc.		3. Mailing Address  <b>G.R.S. MANAGEMENT ASSOCIATES, INC. 3900 WOODLAKE BLVD. SUITE 309 LAKE WORTH, FL 33463</b>			
City & State		City & State		4. FEI Number <b>65-0536881</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HEIDLER LADWIG, PATTI-P.A. 12765 FOREST HILL BLVD SUITE 1312 WELLINGTON, FL 33414</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREENE, FELICE 18736 OCEAN MIST DR BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEIN, ED 11448 SEA GRASS CIRCLE BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COHEN, FREEMAN 18548 HARBORLIGHT WAY BOCA RATON, FL 33458	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERLMUTTER, LOIS 18616 OCEAN MIST DR BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENBAUM, MAXWELL 18740 OCEAN MIST DRIVE BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input 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.					
<b>SIGNATURE: <i>Felicio Bulson, Pres.</i></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<b>2/1/05 561-883 5240</b> Date Daytime Phone #	

**50013528**



01052005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

**FL** Zip Code

*See Attached*

# ATTACHMENT

50013528

DOCUMENT NUMBER N94000001191 SHORES AT BOCA RATON

P  
CHANGE GREENE, FELICE  
18736 OCEAN MIST DRIVE  
BOCA RATON, FL 33498

1VP  
CHANGE ROSENBAUM, MAXWELL  
18740 OCEAN MIST DRIVE  
BOCA RATON, FL 33498

T  
ADD ROSENHOUSE, HOWARD  
18718 SEA TURTLE LANE  
BOCA RATON, FL 33498

S  
ADD SHEEN, VIRGINIA  
18724 OCEAN MIST DRIVE  
BOCA RATON, FL 33498

2VP  
ADD SIEGEL, BARBARA  
11332 SEA GRASS CIRCLE  
BOCA RATON, FL 33498