


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90391 032 ****61.25

DOCUMENT # N02989	
1. Entity Name	
ESPLANADA AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
1215 E.HILLSBORO BLVD DEERFIELD BEACH FL 33441 US	1215 E.HILLSBORO BLVD DEERFIELD BEACH FL 33441 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2646234	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CAMPBELL PROPERTY MANAGEMENT, INC 1215 E. HILLSBORO BLVD DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOVANYI, PAUL	NAME	KORANYI, PAUL
STREET ADDRESS	22660 ESPLANADA CIR.	STREET ADDRESS	22660 ESPLANADA CIR
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHENTHAL, HAL	NAME	
STREET ADDRESS	22672 ESPLANADA CIR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, IRVING A	NAME	
STREET ADDRESS	22647 ESPLANADA CIR.	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POMEROY, GEORGE	NAME	SCINDARIELLO, RALPH
STREET ADDRESS	22589 ESPLANADA DR	STREET ADDRESS	22524 ESPLANADA CIR
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIHN, PHYLIS	NAME	
STREET ADDRESS	22603 ESPLANADA CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISBERG, EUGENE	NAME	
STREET ADDRESS	22564 ESPLANADA CIR.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	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: Eugene Weisberg 4/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone