2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 20, 2005 8:00 am
Secretary of State
03-22-2005 90010 037 ****61.25

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01042005 Chg-NP CR2E037 (10/03)

DOCUMENT # 764082

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

Principal Place of Business	Mailing Address
LAKE FOREST CIRCLE BOCA RATON, FL 33433	1000 HOLLAND DRIVE STE 12 BOCA RATON, FL 33487 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2267744 ☐ 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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRUNELLE, MERYL 21902 LAKE FOREST CIRCLE BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition TIS Christina Jordan 21904-106 Lake Forest Circle Boca Raton, FL 33433
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATSON, LINDA 21902 LAKE FOREST CIR #102 BOCA RATON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Wojcik, Lisa 1729 SW 14th Court Ft. Lauderdale, FL 33312
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AZOULEY, SHIMON 21900 LAKE FOREST CIRCLE BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUCHENE, HOWARD 9235 SW 8TH STREET #412 BOCA RATON, FL 33428	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WATSON, ROBERT 21902 LAKE FOREST CIRCLE BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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 #