

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90088 041 ****61.25

DOCUMENT # N25130

1. Entity Name
BOCA PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**OLD COURT RD
BOCA RATON, FL 33433**

Mailing Address
**2424 N FEDERAL HWY, SUITE 200
BOCA RATON, FL 33431**



04152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0219520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FELDMAN, MICHAEL
2424 N FEDERAL HIGHWAY, SUITE 200
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOWALSKI, ROBERT 6045 OLD COURT RD BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOSKIN, SANDRA 6061 OLD CT RD #202 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSLER, MARIA 6069 OLD COURT ROAD #106 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, JANE 6034 OLD COURT ROAD #903 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOINSON, SHARON 6029 OLD COURT RD #1007 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

4/15/05

Date

954-344-5353

Daytime Phone #