

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                               |                                                                                  |                                                                                                                                      |                                                                                   |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # 769677</b><br>1. Entity Name<br><b>BOCA ISLE CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                  |                                                               |                                                                                  |                                                                                                                                      |  |                                                                   |
| Principal Place of Business<br><b>10034 W MCNAB RD<br/>TAMARAC FL 33321<br/>US</b>                                                                                                                                            |                                                               |                                                                                  | Mailing Address<br><b>10034 W MCNAB RD<br/>TAMARAC FL 33321<br/>US</b>                                                               |                                                                                   |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                          |                                                               |                                                                                  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                             |                                                                                   |                                                                   |
| 4. FEI Number<br><b>59-2390458</b>                                                                                                                                                                                            |                                                               |                                                                                  |                                                                                                                                      | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable   |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                               |                                                                                  |                                                                                                                                      | <b>\$8.75</b> Additional Fee Required                                             |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>MILES, JAMES R<br/>10034 W MCNAB RD<br/>TAMARAC FL 33321</b>                                                                                                            |                                                               |                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>                                                                                                                                                                        |                                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                      | <b>\$5.00</b> May Be Added to Fees                                                |                                                                   |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                      |                                                               |                                                                                  |                                                                                                                                      |                                                                                   |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                               |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                |                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | VD<br>KLEIN, ROBERT<br>10034 W MCNAB RD<br>TAMARAC FL 33321   | <input type="checkbox"/> Delete                                                  |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | PD<br>ANDERSON, PAUL<br>10034 W MCNAB RD<br>TAMARAC FL 33321  | <input type="checkbox"/> Delete                                                  |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | TSD<br>KROCK, VENESSA<br>10034 W MCNAB RD<br>TAMARAC FL 33321 | <input type="checkbox"/> Delete                                                  |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | D<br>BARBEY, ADRIEN<br>10034 W MCNAB RD<br>TAMARAC FL 33321   | <input type="checkbox"/> Delete                                                  |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Delete                                                  |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                | <input type="checkbox"/> Delete                               | <input type="checkbox"/> Delete                                                  |                                                                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |



1st MOORE CR2E037 (10/05)

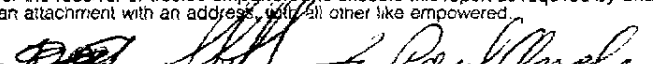
59-2390458

**\$8.75** Additional Fee Required

**FL** Zip Code

000000440052  
03/02/06-80026-009 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 or without other like empowered.

SIGNATURE  2/15/06