


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90362 010 ****61.25

DOCUMENT # N08960 1. Entity Name LA PAZ AT BOCA POINTE PHASE II CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11784 W SAMPLE RD POMPANO BEACH, FL 33065			Mailing Address 11784 W SAMPLE RD POMPANO BEACH, FL 33065 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2647533	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
UNITED COMMUNITY MGMT. CORP. 11784 W SAMPLE RD POMPANO BEACH, FL 33065				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 _____					
Filing Fee is \$61.25 Due by May 1, 2006		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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALDICOTT, ROSLYN			NAME	
STREET ADDRESS	7535 LAPAZ CT, #8-201			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	KIANOFISKY, AARON			NAME	
STREET ADDRESS	7496 LAPAZ CT #201			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, SEENA			NAME	
STREET ADDRESS	7496 LAPAZ COURT			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUCKER, WILLIAM			NAME	
STREET ADDRESS	7508 LAPAZ CT # 109			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGES, ROBERT			NAME	
STREET ADDRESS	7508 LA PAZ COURT #308			STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANOFF, THEODORA			NAME	
STREET ADDRESS	7508 LA PAZ COURT- NO 203			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 exemptions contained in Chapter 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 all other like empowered.					
SIGNATURE: <u>Seena Cohen</u> SEENA COHEN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small> _____ <small>Daytime Phone #</small> _____	