

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 405766**

1. Entity Name

BOCA ROYALE GOLF COMMON PROPERTY MANAGEMENT, INC.



Principal Place of Business

ONE SOUTH GOLFVIEW DRIVE  
ENGLEWOOD FL 34223-1826

Mailing Address

ONE SOUTH GOLFVIEW DRIVE  
ENGLEWOOD FL 34223-1826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1414803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TRACY, DENNIS J.  
245 N. TAMiami TRAIL, SUITE A  
VENICE FL 33595

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: STD ☐ Delete  
NAME: THOMPSON, GEORGE R  
STREET ADDRESS: 1 SOUTH GOLFVIEW DR  
CITY- ST- ZIP: ENGLEWOOD FL

TITLE: PD ☐ Delete  
NAME: THOMPSON, ANDREW M.  
STREET ADDRESS: 1 SOUTH GOLFVIEW DR  
CITY- ST- ZIP: ENGLEWOOD FL

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:   
000000278504  
03/28/05-80028-022 150.00

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:

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NAME:   
STREET ADDRESS:   
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 607, 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 #

*Andrew M. Thompson* 3/25/05 941-475-6684