

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90046 018 ****61.25

DOCUMENT # 708430 1. Entity Name BOCA VERDE, INC. (A CONDOMINIUM ASSOCIATION)					
Principal Place of Business 300 N.E. 20TH ST. BOCA RATON, FL 33431-8144				Mailing Address 300 N.E. 20TH ST. BOCA RATON, FL 33431-8144	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent BISHOP, THERESA 6700 NW BROCKEN SOUND PKWY #203 BOCA RATON, FL 33487				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	VPT	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKINNON, CHARLES		NAME	CORR, STEPHEN	
STREET ADDRESS	300 NE 20TH CT #602		STREET ADDRESS	300 NE 20TH STREET # 704	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRENT, BOB		NAME	KOCH, JUNE	
STREET ADDRESS	300 NE 20TH ST. #309		STREET ADDRESS	300 NE 20TH STREET # 506	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTOS, LORETTA		NAME	PEREZLUHA ANTHONY	
STREET ADDRESS	300 NE 20TH ST. #514		STREET ADDRESS	300 NE 20TH STREET # 644	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGE, NANCY		NAME	RANUCCI, CAROL	
STREET ADDRESS	300 NE 20TH STREET #702		STREET ADDRESS	300 NE 20TH STREET # 413	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOLARCHIK, ROBERT		NAME	TINICK, DOROTHY	
STREET ADDRESS	300 NE 20TH ST #309		STREET ADDRESS	300 NE 20TH STREET # 105	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENHAM, TODD M		NAME	WINANT, JOHN	
STREET ADDRESS	300 NE 20TH STREET #403		STREET ADDRESS	300 NE 20TH STREET #705	
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP	BOCA RATON FL 33431	
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: <i>Richard J. [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2-1-05 Daytime Phone # _____		