


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 713687 1. Entity Name BOCA ATLANTIC HOME OWNERS' ASSOCIATION, INC.	
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Principal Place of Business TRAIN DEPOT 747 S. DIXIE BOCA RATON, FL 33432 US	Mailing Address C/O JEAN HARRIS 875 E. CAMINO REAL, APT. #9B BOCA RATON, FL 33432
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01162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7064562	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HARRIS, JEAN LAKE HOUSE SOUTH 875 E. CAMINO REAL, #9B BOCA RATON, FL 33432
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**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 _____ (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 HARRIS, JEAN 875 E. CAMINO REAL, #9B BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUER, VIRGINIA 850 EAST CAMINO REAL BOCA RATON, FL 33432
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01/24/05-80168-002 61.25

**DO NOT WRITE
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: Virginia B. Bauer 1-18-05 347-9664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Virginia B. Bauer

1-18-05