


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90005 011 ****70.00

DOCUMENT # 713687 1. Entity Name BOCA ATLANTIC HOME OWNERS' ASSOCIATION, INC.					
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		
2. Principal Place of Business TRAIN DEPOT Suite, Apt. #, etc. 747 S. DIXIE HWY. City & State BOCA RATON, FL Zip 33432 Country USA			3. Mailing Address MARTIN COLE Suite, Apt. #, etc. 700 S. OCEAN BLVD. #906 City & State BOCA RATON, FL Zip 33432 Country USA		
4. FEI Number 23-7064562			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" 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			7. Name and Address of New Registered Agent Name MARTIN COLE Street Address (P.O. Box Number is Not Acceptable) SABAL POINT 700 S. OCEAN BLVD. #906 City BOCA RATON FL Zip Code 33432		
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 <u>Martin Cole</u> MARTIN COLE, PRESIDENT <u>July 10, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by September 6, 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					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JEAN		NAME	MARTIN COLE	
STREET ADDRESS	875 E. CAMINO REAL, #9B		STREET ADDRESS	700 S. OCEAN BLVD. #906	
CITY - ST - ZIP	BOCA RATON, FL 33432		CITY - ST - ZIP	BOCA RATON, FL 33432	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, VIRGINIA		NAME	MARILYN MARTIN	
STREET ADDRESS	850 EAST CAMINO REAL		STREET ADDRESS	875 E. CAMINO REAL #3B	
CITY - ST - ZIP	BOCA RATON, FL 33432		CITY - ST - ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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>Martin Cole</u> MARTIN COLE <u>7-10-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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561-750-0640