2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# 723892

Entity Name: FEDERATION OF BOCA RATON HOMEOWNER ASSOCIATIONS, INC.

Current Principal Place of Business:

847 FORSYTH ST.
BOCA RATON, FL 334873119

New Principal Place of Business:

Current Mailing Address:

847 FORSYTH STREET
BOCA RATON, FL 334873119

New Mailing Address:

FEI Number: 20-0120974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARMAN, PAUL
847 FORSYTH ST.
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	C	( ) Delete
Name:	CARMAN, PAUL	
Address:	847 FORSYTH ST.	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	T	( ) Delete
Name:	MORRISON, JOANNE	
Address:	388 NE SPANISH CT	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	S	( ) Delete
Name:	BAUMANN, LINDA	
Address:	550 SE 5TH AVENUE #PH1005	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	D	( ) Delete
Name:	BENEFIELD, BRUCE	
Address:	850 NE 71ST ST	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	D	( ) Delete
Name:	DAVENPORT, JOHN A	
Address:	2034 SW 8TH AVE	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	VC	( ) Delete
Name:	HAYNIE, NEIL	
Address:	800 CYPRESS WAY	
City-St-Zip:	BOCA RATON, FL 33486	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL W. CARMAN MR. 02/08/2006

Electronic Signature of Signing Officer or Director — Date