



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90210 005 \*\*\*\*61.25

<b>DOCUMENT # 728649</b> 1. Entity Name <b>BOCA PINAR CONDOMINIUM ASSN., INC.</b>					
Principal Place of Business <b>% GLEN MANAGEMENT SERVICES</b> <b>301 W. CAMINO GARDENS BLVD, SUITE 201</b> <b>BOCA RATON, FL 33432</b>			Mailing Address <b>% GLEN MANAGEMENT SERVICES</b> <b>301 W. CAMINO GARDENS BLVD, SUITE 201</b> <b>BOCA RATON, FL 33432</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		40067632 	
City & State  Zip		City & State  Zip		4. FEI Number <b>59-1654172</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GLEN, ANDY</b> <b>301 W. CAMINO GARDENS BLVD</b> <b>SUITE 201</b> <b>BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent  <b>Prime Management Group</b> <b>6300 Park of Commerce Blvd</b> <b>Boon Raton FL 33487</b>	
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>Michael Rentoumis</u> <b>Michael Rentoumis - President</b> <span style="float: right;">4/20/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>TD</b> NAME <b>STOFFT, CYNTHIA</b> STREET ADDRESS <b>4731 NW 2ND AVE, # 403</b> CITY-ST-ZIP <b>BOCA RATON, FL 33431</b>	<input type="checkbox"/> Delete		TITLE <b>TD</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SD</b> NAME <b>HAMILL, KATHLEEN</b> STREET ADDRESS <b>4761 NW 2ND AVENUE #311</b> CITY-ST-ZIP <b>BOCA RATON, FL 33431</b>	<input type="checkbox"/> Delete		TITLE <b>SD</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SD</b> NAME <b>PESCHEL, DEBBIE</b> STREET ADDRESS <b>4631 NW 2ND AVE #702</b> CITY-ST-ZIP <b>BOCA RATON, FL 33431</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>PD</b> NAME <b>MICHAEL RENTOUMIS</b> STREET ADDRESS <b>4691 N.W. 2ND AVE # 504</b> CITY-ST-ZIP <b>BOCA RATON FL 33431</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>TD</b> NAME <b>Kymberley Brown</b> STREET ADDRESS <b>4731 NW 2ND AVE # 402</b> CITY-ST-ZIP <b>BOCA RATON FL 33431</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Michael Rentoumis</u> <b>MICHAEL RENTOUMIS</b> <span style="float: right;">4/20/06 (561) 241-3360</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					