
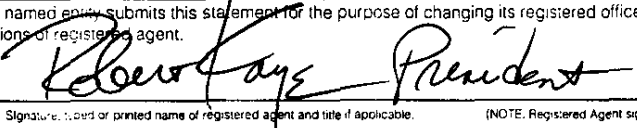
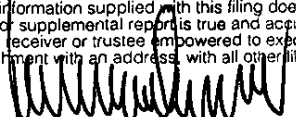


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90021 004 \*\*\*\*61.25

<b>DOCUMENT # 729569</b> 1. Entity Name BOCA VILLAGE ASSOCIATION, INC.					
Principal Place of Business 3475 N NIATUS RD SUNRISE, FL 33351			Mailing Address 3475 N NIATUS RD SUNRISE, FL 33351		
2. Principal Place of Business 1599 NW 9 Avenue Suite, Apt. #, etc.		3. Mailing Address 1599 NW 9 Avenue Suite, Apt. #, etc.			
City & State Boca Raton, Florida		City & State Boca Raton, Florida		4. FEI Number 59-1626325	
Zip 33486		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SCHNER, LARRY E PA 750 S DIXIE HWY BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Robert Kaye, Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6 Way Suite 103 City Ft. Lauderdale FL Zip Code 33309	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;">           DATE            2-26-04         </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</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 Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLEHER, HANNAH 1161 NW 13TH ST # 1 BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Stanley Czajka 1121-04 NW 13 Street Boca Raton, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAGER, DELORES 1189 NW 13TH ST. UNIT #7 BOCA RATON, FL 33486	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Virgil Teča 1189-01 NW 13 Street Boca Raton, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, JANET 1081 NW 13TH STREET # 3 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WADDICK, JANET 1069 NW 13 ST #3 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERKMEN, LEVENT 1089 NW 13TH ST. UNIT #8 BOCA RATON, FL 33486	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>  <b>LEVENT ERKMEN</b> 02-24-2004 954-788-3887					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					