

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90329 009 ****61.25

DOCUMENT # 730314
 1. Entity Name
BOCA TOWNE CENTRE OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
4350 N W 19TH AVE STE C **4350 N W 19TH AVE STE C**
POMPANO BEACH FL 33064 **POMPANO BEACH FL 33064**

14000994



1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1572921** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PALOMBI, GARY
C/O RMC
4350 N W 19TH AVE STE C
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LIGON, JERRY	
STREET ADDRESS	2600 SPANISH RIVER BLVD	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARTABANT, MAURA	
STREET ADDRESS	1000 WORTH AVE 550 SW Second Ave	
CITY-ST-ZIP	LARCHMONT FL 33438 Boca Raton FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZIMMERMAN, THEARESA	
STREET ADDRESS	600 S W 2ND AVE D 137	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASSAN, GOLAM	
STREET ADDRESS	470 NE 43RD ST	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURA GARTABANT	
STREET ADDRESS	550 SW 2nd Ave	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEVIE MARTIN	
STREET ADDRESS	450 SW 2nd Ave A-208	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: _____ *[Signature]* _____ *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #