
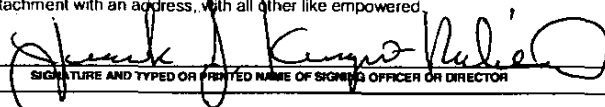


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90033 041 \*\*\*\*61.25

<b>DOCUMENT # 730766</b>					
1. Entity Name BOCA LINDA NORTH ASSOCIATION, INC.					
Principal Place of Business 1271 NW 13TH ST UNIT E 462 BOCA RATON, FL 33486 US			Mailing Address 500 N.E. SPANISH RIVER BLVD. SUITE #18 BOCA RATON, FL 33431 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1918423	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILLIS, ERNEST 500 NE SPANISH RIVER BLVD STE 18 BOCA RATON, FL 33431			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLECKENSTEIN, JASON		NAME	Cepero, Aldo SR.	
STREET ADDRESS	1271 NW 13TH STREET, #E-362		STREET ADDRESS	1201 N.W. 13 St # B-325	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMIL, VALCOURT		NAME	Lara, Mauricio	
STREET ADDRESS	1271 NW 13TH STREET, #E-362		STREET ADDRESS	1231 N.W. 13 St # F-469	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUGER-ROBBINS, FRANK		NAME	Simmons, Barbara	
STREET ADDRESS	1201 NW 13TH ST #426B		STREET ADDRESS	1231 N.W. 13 St # F-468	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, CYNTHIA		NAME	Faulkner, Cynthia	
STREET ADDRESS	1271 NW 13TH STREET, #E-362		STREET ADDRESS	1231 Nw 13 St # F-466	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	Boca Raton, FL 33486	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUCHINLECK, CHARLES		NAME		
STREET ADDRESS	1301 NW 12TH AVENUE, #A-420		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33486		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 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: 		3/22/05		561-750-0040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	