# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2004 8:00 am**
**Secretary of State**
01-15-2004 90006 024 ****70.00

DOCUMENT # 736202

1. Entity Name
BOCA RATON HABILITATION CENTER AUXILIARY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 22313 BOCA RIO ROAD<br>BOCA RATON, FL 33433 | 22313 BOCA RIO ROAD<br>BOCA RATON, FL 33433 |

01122004 Chg-NP CR2E037 (10/03)

| 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 59-1712983 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| FERRIS, WILLIAM C<br>22313 BOCA RIO RD<br>BOCA RATON, FL 33433 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2004**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KLEIN, HARRIET<br>12565 IMPERIAL ISLE DR APT #303<br>BOYNTON BEACH, FL 33437 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GIUSTO, ALBERT<br>275 HIGH POINT CT APT C SEC 4A<br>BOYNTON BEACH, FL 33435 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>GIUSTO, ALBERT<br>275 HIGH POINT CT APT C SEC 4A<br>BOYNTON BEACH, FL 33435 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>KLEIN, HARRIET<br>12565 IMPERIAL ISLE DR APT #303<br>BOYNTON BEACH, FL 33435 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>STERRY, ARTHUR F<br>11433 NW 30TH ST<br>CORAL SPRINGS, FL 33065 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CHRIS ROMANUCCIO<br>7863 CLOVERFIELD CIRCLE<br>BOCA RATON, FL 33433 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HOYT, LORRAINE<br>823 SE 12TH AVE<br>DEERFIELD BEACH, FL 33441 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RSD<br>O'BRIEN, DOROTHY<br>23343 BLUE WATER CIRCLE APT B323<br>BOCA RATON, FL 33433 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ 1-13-04 954 753 0862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ARTHUR F STERRY, TREAS.