

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

FILED
Sep 08, 2005 8:00 am
Secretary of State

08-09-2005 90003 037 ****70.00

DOCUMENT # 736202 1. Entity Name BOCA RATON HABILITATION CENTER AUXILIARY, INC.																																																																																																														
Principal Place of Business 22313 BOCA RIO ROAD BOCA RATON FL 33433				Mailing Address 22313 BOCA RIO ROAD BOCA RATON FL 33433																																																																																																										
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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 22313 BOCA RIO RD. BOCA RATON FL 33433				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 terminating) _____ DATE _____																																																																																																														
FILE NOW: FEE IS \$61.25 Due By September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																										
Make Check Payable to Florida Department of State																																																																																																														
10. VPD OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 10%;">Delete</td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST- ZIP</td> </tr> <tr> <td></td> <td>KLEIN, HARRIET</td> <td>☐</td> <td>12565 IMPERIAL ISLE DR APT #303</td> <td></td> </tr> <tr> <td></td> <td>BOYNTON BEACH FL 33437</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>PD</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>GIUSTO, ALBERT</td> <td>☐</td> <td>275 HIGH POINT CT APT C SEC 4A</td> <td></td> </tr> <tr> <td></td> <td>BOYNTON BEACH FL 33435</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>TD</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>STERRY, ARTHUR F</td> <td>☒</td> <td>11433 NW 30TH ST</td> <td></td> </tr> <tr> <td></td> <td>CORAL SPRINGS FL 33065</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>SD</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>HOYT, LORRAINE</td> <td>☐</td> <td>823 SE 12TH AVE</td> <td></td> </tr> <tr> <td></td> <td>DEERFIELD BEACH FL 33441</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>D</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ROMANELLO, CHRIS</td> <td>☒</td> <td>7863 CLOVERFIELD CIRCLE</td> <td></td> </tr> <tr> <td></td> <td>BOCA RATON FL 33433</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>DORTHY O'BRIEN</td> <td>☐</td> <td>23343 BLUE WATER CIRCLE</td> <td></td> </tr> <tr> <td></td> <td>BOCA RATON FL 33433</td> <td></td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 10%;">Change</td> <td style="width: 20%;">Addition</td> </tr> <tr> <td></td> <td>CEIL KARZICH</td> <td>☐</td> <td>☒</td> </tr> <tr> <td></td> <td>8461 NW 2ND AVE APT 214</td> <td></td> <td></td> </tr> <tr> <td></td> <td>BOCA RATON FL</td> <td></td> <td></td> </tr> <tr> <td></td> <td>33487</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	Delete	STREET ADDRESS	CITY-ST- ZIP		KLEIN, HARRIET	☐	12565 IMPERIAL ISLE DR APT #303			BOYNTON BEACH FL 33437					PD					GIUSTO, ALBERT	☐	275 HIGH POINT CT APT C SEC 4A			BOYNTON BEACH FL 33435					TD					STERRY, ARTHUR F	☒	11433 NW 30TH ST			CORAL SPRINGS FL 33065					SD					HOYT, LORRAINE	☐	823 SE 12TH AVE			DEERFIELD BEACH FL 33441					D					ROMANELLO, CHRIS	☒	7863 CLOVERFIELD CIRCLE			BOCA RATON FL 33433					DORTHY O'BRIEN	☐	23343 BLUE WATER CIRCLE			BOCA RATON FL 33433				TITLE	NAME	Change	Addition		CEIL KARZICH	☐	☒		8461 NW 2ND AVE APT 214				BOCA RATON FL				33487		
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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: <u>Albert J. Jirish, Jr. President</u> 8-29-05 1-568-7321646																																																																																																														
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																														