

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736202

FILED
Apr 17, 2006
Secretary of State

Entity Name: BOCA RATON HABILITATION CENTER AUXILIARY, INC.

Current Principal Place of Business:

22313 BOCA RIO ROAD
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

22313 BOCA RIO ROAD
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 59-1712983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRIS, WILLIAM C
22313 BOCA RIO RD.
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: KLEIN, HARRIET
Address: 12565 IMPERIAL ISLE DR APT #303
City-St-Zip: BOYNTON BEACH, FL 33437

Title: PT () Delete
Name: GIUSTO, ALBERT
Address: 275 HIGH POINT CT APT C SEC 4A
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: O'BRIEN, DORTHY
Address: 23343 BLUEWATER CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: SD (X) Delete
Name: HOYT, LORRAINE
Address: 823 SE 12TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D (X) Delete
Name: KARZICH, CEIL
Address: 6461 NORTHWEST 2ND AVENUE SUITE 214
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V.P. (X) Change () Addition
Name: KLEIN, HARRIET
Address: 12565 IMPERIAL ISLE DR APT #303
City-St-Zip: BOYNTON BEACH, FL 33437

Title: P /T (X) Change () Addition
Name: GIUSTO, ALBERT
Address: 275 HIGH POINT CT APT C SEC 4A
City-St-Zip: BOYNTON BEACH, FL 33435

Title: SEC (X) Change () Addition
Name: HOYT, LORRAINE
Address: 823 SE 12TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. FERRIS

R. A

04/17/2006

Electronic Signature of Signing Officer or Director

Date