

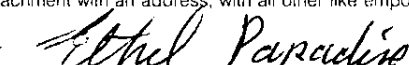


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90011 050 ****61.25

DOCUMENT # 737557 1. Entity Name BOCA TERRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 800 S.W. 9TH ST. CIR. BOCA RATON FL 33486				Mailing Address 800 S.W. 9TH ST. CIR. BOCA RATON FL 33486	
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 59-1707987 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHARP, LORRAINE 800 S.W. 9TH ST. CIR. BOCA RATON FL 33486				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  <div style="display: flex; justify-content: space-between; font-size: small;"> Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHARP, LORRAINE		NAME	Suzann Ferreira	
STREET ADDRESS	930 SW 9TH ST CIRCLE # 104		STREET ADDRESS	906 SW 9TH ST CIR # 207	
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, MARTIN		NAME	Ramon Labrador	
STREET ADDRESS	912 SW 9TH ST CIRCLE # 204		STREET ADDRESS	996 SW 9TH ST CIR # 15	
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	NIEMCZYC, ANNA KATE		NAME		
STREET ADDRESS	848 SW 9TH ST. CIRCLE # 102		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP		
TITLE	TO Sec.	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VACIRCA, ELLEN		NAME		
STREET ADDRESS	806 SW 9TH ST CIRCLE # 101		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP		
TITLE	Sec	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARADISE, ETHEL		NAME		
STREET ADDRESS	892 SW 9TH ST CIRCLE # 013		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SOBOLAK, RICHARD		NAME		
STREET ADDRESS	806 SW 9TH ST CIRCLE # 201		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  3/1/06					