2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 738287

1. Entity Name
BOCA CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
951 BROKEN SOUND PKWY SUITE #250 BOCA RATON, FL 33487 US	951 BROKEN SOUND PKWY SUITE #250 BOCA RATON, FL 33487 US

04042006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-1748203
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COMMUNITY ASSN. SVC.
951 BROKEN SOUND PKWY
SUITE #250
BOCA RATON, FL 33487

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9. 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PVD
NAME	IMELDA, CURTIS
STREET ADDRESS	22615 SE 66TH AVE 301A
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	SVD
NAME	RODRIQUEZ, LUIS
STREET ADDRESS	22605 SW 66 AVE 214-B
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	PD
NAME	PRICE, BEVERLY
STREET ADDRESS	22615 SW 66TH AVE #208A
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	STD
NAME	MARTINEZ, BARBARA
STREET ADDRESS	22605 SW 66 AVE 315-B
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80034-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Imelda C. Curtis 4/9/06 561 994 1788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #