
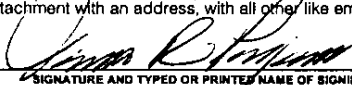


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90003 025 ****61.25

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # 747114 1. Entity Name THE PATIOS OF BOCA BARWOOD CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 9170 SW 14TH ST. BOCA RATON, FL 33428-6801 | | | Mailing Address 9170 SW 14TH ST. BOCA RATON, FL 33428-6801 | | |
| 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 59-1985177 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 | | |
| ROBERT KAYE & ASSOCIATED, INC. 6261 NW 6 WAY SUITE 103 FORT LAUDERDALE, FL 33309 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing 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 | P <input checked="" type="checkbox"/> <input type="checkbox"/> Delete | TITLE | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | PAGANO, JAMES | NAME | CAMIS, L-SE | | |
| STREET ADDRESS | 9165 SW 14TH STREET #1507 | STREET ADDRESS | 9165 SW 14th Street #1406 | | |
| CITY-ST-ZIP | BOCA RATON, FL | CITY-ST-ZIP | Boca Raton FL 33428 | | |
| TITLE | D <input checked="" type="checkbox"/> <input type="checkbox"/> Delete | TITLE | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | TOWLE, STEPHEN | NAME | Florence Egan | | |
| STREET ADDRESS | 9220 SW 14 STREET #3502 | STREET ADDRESS | 9220 SW 14th Street | | |
| CITY-ST-ZIP | BOCA RATON, FL 33428 | CITY-ST-ZIP | Boca Raton, FL 33428 | | |
| TITLE | D <input checked="" type="checkbox"/> <input type="checkbox"/> Delete | TITLE | V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GRECO, JOHN | NAME | Greco John | | |
| STREET ADDRESS | 9170 SW 14 STREET #4505 | STREET ADDRESS | 9170 SW 14 street #4505 | | |
| CITY-ST-ZIP | BOCA RATON, FL 33428 | CITY-ST-ZIP | Boca Raton FL 33428 | | |
| TITLE | T <input checked="" type="checkbox"/> <input type="checkbox"/> Delete | TITLE | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | RICCI, AL | NAME | Steven Faynor | | |
| STREET ADDRESS | 9165 SW 14TH STREET #1207 | STREET ADDRESS | 9165 SW 14th Street | | |
| CITY-ST-ZIP | BOCA RATON, FL | CITY-ST-ZIP | Boca Raton, FL 33428 | | |
| TITLE | D <input checked="" type="checkbox"/> <input type="checkbox"/> Delete | TITLE | | | |
| NAME | BLOOM, HERMAN | NAME | | | |
| STREET ADDRESS | 9165 SW 14TH STREET, #1309 | STREET ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33428 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> <input type="checkbox"/> Delete | TITLE | | | |
| NAME | FIORELLO, CARL | NAME | | | |
| STREET ADDRESS | 9165 SW 14 ST. #1504 | STREET ADDRESS | | | |
| CITY-ST-ZIP | BOCA RATON, FL 33428 | CITY-ST-ZIP | | | |
| 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:  | | 3/1/06 Date | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |