
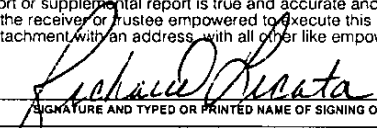


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90144 006 ****61.25

DOCUMENT # 747198 1. Entity Name ARBOR LAKE AT BOCA WEST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4350 NW 19TH AVENUE STE C POMPANO BEACH, FL 33064 US			Mailing Address C/O RMC P.O. BOX 97-0069 BOCA RATON, FL 33497-0069 US		
2. Principal Place of Business - No P.O. Box # 778 South Military Trail		3. Mailing Address Suite, Apt. #, etc.			
City & State Deerfield Beach FL		City & State		4. FEI Number 59-1945408	
Zip 33442		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALOMBI GARY 4350 NW 19TH AVENUE STE C POMPANO BEACH, FL 33064				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 778 South Military Trail City Deerfield Beach FL Zip Code 33442	
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, MICHAEL 2001 BOCA WEST DR BOCA RATON, FL 33434 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition - 20067 Boca West Drive	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LICATA, RICHARD 2001 BOCA WEST DR. #3042 BOCA RATON, FL 33434 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition - 20039 Boca West Drive	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOLDPIN, MAXWELL 2001 BOCA WEST DR #3035 BOCA RATON, FL 33497 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S 200045 Boca West Drive	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVIN, BARRY 20001 BOCA WEST R #3115 BOCA RATON, FL 33434 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T Barry Levine 19993 Boca West Drive	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEER, TANIA 20001 BOCA WEST DR #3036 BOCA RATON, FL 33497 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Erik Kupperberg 20037 Boca West Drive Boca Raton FL 33434	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		