

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749866

FILED
Apr 27, 2006
Secretary of State

Entity Name: BOCA DEL MAR WOLVERINE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 2455
BOCA RATON, FL 334279455

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2455
BOCA RATON, FL 334279455

New Mailing Address:

FEI Number: 59-2398915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULMAN, JEFF
7448 SAN SEBASTIAN DR.
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: PD () Delete
Name: GOLIGER, LEON
Address: 21588 SAN LORENZO CIRCLE
City-St-Zip: BOCA RATON, FL 33433

Title: TD () Delete
Name: SCHULMAN, JEFF
Address: 7448 SAN SEBASTIAN DR.
City-St-Zip: BOCA RATON, FL 33433

Title: SD () Delete
Name: VERKERK, LORAIN
Address: 7460 SAN SEBASTIAN DR
City-St-Zip: BOCA RATON, FL 33433

Title: VPD () Delete
Name: RESTREPO, JAIME
Address: 7440 SAN CLEMENTE PL
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: PLITT, IRA
Address: 7480 SAN CLEMENTE PL
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: COLEMAN, SUSAN
Address: 7394 SAN SEBASTIAN DRIVE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JEFFREY SCHULMAN

TD

04/27/2006

Electronic Signature of Signing Officer or Director

Date