


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 750367	
1. Entity Name LA BOCA CASA CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 365 NORTH OCEAN BLVD BOCA RATON, FL 33432	Mailing Address 271 CROCKETT BLVD MERRITT ISLAND, FL 32953
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DO NOT WRITE IN THIS SPACE



05042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2595544	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TAKACS, JOE 271 CROCKETT BLVD. MERRITT ISLAND, FL 32953	DO NOT WRITE IN THIS SPACE
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)</small>		DATE _____
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Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEIDRICH, JOSEPH H 365 N OCEAN BLVD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE, CHARLES 365 N OCEAN BLVD BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOMKO, MARY 365 N. OCEAN BOULEVARD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MACYAUSKI, ALBERT 365 N OCEAN BLVD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSCARSON, DAVE 365 N OCEAN BLVD BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/05-80142-007 61.25

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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