

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2006 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



05242006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2595544

Applied For  
Not Applicable

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

**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 \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**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 MACYUSKI, 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	

000000566418  
05/31/06-80002-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

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

5-23-06

Date

561-392-0885

Daytime Phone #