

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751066

FILED  
May 04, 2005  
Secretary of State

**Entity Name:** BOCA BEL AIR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

701 N.W. 13TH STREET, APT. B-1  
BOCA RATON, FL 334862324

**New Principal Place of Business:**

**Current Mailing Address:**

701 N.W. 13TH STREET, APT. B-1  
BOCA RATON, FL 334862324

**New Mailing Address:**

**FEI Number:** 59-2144801      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

KLASFELD, ILENE  
701 N.W. 13TH STREET APT. B 1  
BOCA RATON, FL 33486 US

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: KLASFELD, ILENE,  
Address: 701 NW 13TH ST  
City-St-Zip: BOCA RATON, FL

Title: VPD ( ) Delete  
Name: KLASFELD, JOHN,  
Address: 701 NW 13TH ST  
City-St-Zip: BOCA RATON, FL

Title: SD ( ) Delete  
Name: HARVEY, JON,  
Address: APT.B1 1401 NW 7TH AVE.  
City-St-Zip: BOCA RATON, FL

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ILENE KLASFELD

PD

05/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date