

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90033 038 ****61.25

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01092004 Chg-NP CR2E037 (10/03)

DOCUMENT # 751431 1. Entity Name BOCA WOODS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US				Mailing Address C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US	
2. Principal Place of Business 10471 Boca Woods Lane		3. Mailing Address 10471 Boca Woods Lane		4. FEI Number 59-2139511	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State Boca Raton, FL			
Zip 33428		Country Palm Beach		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, NATALIE 2081 NW 25TH STREET BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	2VPD LEOPOLD, SIDNEY 10176 SUNSET BEND DRIVE BOCA RATON, FL	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAYPET, GENE 21715 OLD BRIDGE TRAIL BOCA RATON, FL 33428	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD EDELSON, STANLEY 10454 BOCA WOODS LANE BOCA RATON, FL 33428	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDENBERG, ALVIN 11126 CLOVER LEAF DR BOCA RATON, FL 33428	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD ENTINE, JOSEPH 10710 BOCA WOODS LANE BOCA RATON, FL 33428	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEFTER, ALAN 10795 WHITE ASPEN LANE BOCA RATON, FL 33428	☐ Delete		☐ Change ☐ Addition	
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.				Alan Shefter	
SIGNATURE: Natalie Mitchell				1/9/2004 (561) 487-2800 X115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	