


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90048 003 \*\*\*\*61.25

<b>DOCUMENT # 751431</b> 1. Entity Name <b>BOCA WOODS PROPERTY OWNERS' ASSOCIATION, INC.</b>								
Principal Place of Business <b>10471 BOCA WOODS LANE BOCA RATON FL 33428 US</b>			Mailing Address <b>10471 BOCA WOODS LANE BOCA RATON FL 33428 US</b>					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country					
4. FEI Number <b>59-2139511</b>				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>MITCHELL, NATALIE 2081 NW-25TH STREET BOCA RATON FL 33431</b>			7. Name and Address of New Registered Agent Name <b>Dawn Comfort</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Boca Woods Country Club Assoc Inc 10471 Boca Woods Lane City Boca Raton, FL 33428 FL 33428</b>					
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  <b>Dawn Comfort</b> <span style="float: right;">2-24-2005</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>								
<b>FILE NOW- FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>				
<b>Make Check Payable to Florida Department of State</b>								
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VPD LEOPOLD, SIDNEY 10176 SUNSET BEND DRIVE BOCA RATON FL</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VPD Burton Katz 10598 Boca Woods Lane Boca Raton, FL 33428</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SAYPOOL, GENE 21715 OLD BRIDGE TRAIL BOCA RATON FL 33428</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Stanley Edelson 10454 Boca Woods Lane Boca Raton, FL 33428</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VPD EDELSON, STANLEY 10454 BOCA WOODS LANE BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1VPD Theodore Daniels 11152 Boca Woods Lane Boca Raton, FL 33428</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GOLDENBERG, ALVIN 11126 CLOVER LEAF DR BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD ENTINE, JOSEPH 10710 BOCA WOODS LANE BOCA RATON FL 33428</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASD Harriette Hassol 11211 Clover Leaf Circle Boca Raton, FL 33428</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SHEFTER, ALAN 10795 WHITE ASPEN LANE BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b>		<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/23/2005** Daytime Phone **(561)**