

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90207 016 ****61.25

DOCUMENT # 751431

1. Entity Name

BOCA WOODS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

10471 BOCA WOODS LANE
BOCA RATON FL 33428
US

10471 BOCA WOODS LANE
BOCA RATON FL 33428
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2139511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMFORT, DAWN
10471 BOCA WOODS LANE
BOCA RATON FL 33428

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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: 2VPD ☐ Delete
NAME: FRIEDBERG, HOWARD
STREET ADDRESS: 10929 BOCA WOODS LN
CITY- ST- ZIP: BOCA RATON FL 33428

TITLE: P ☒ Change ☐ Addition
NAME: FRIEDBERG, HOWARD
STREET ADDRESS: 10929 BOCA WOODS LN
CITY- ST- ZIP: BOCA RATON, FL. 33428

TITLE: PD ☒ Delete
NAME: EDELSON, STANLEY
STREET ADDRESS: 10454 BOCA WOODS LN
CITY- ST- ZIP: BOCA RATON FL 33428

TITLE: 1VPD ☐ Change ☒ Addition
NAME: PLATNER, ALAN
STREET ADDRESS: 11379 BOCA WOODS LN
CITY- ST- ZIP: BOCA RATON, FL. 33428

TITLE: 1VPD ☒ Delete
NAME: RAPPAPORT, SHELDON
STREET ADDRESS: 10587 BOCA WOODS LN
CITY- ST- ZIP: BOCA RATON FL 33428

TITLE: 2 VPD ☐ Change ☒ Addition
NAME: KATZ, BURTON
STREET ADDRESS: 10598 BOCA WOODS LN
CITY- ST- ZIP: BOCA RATON, FL. 33428

TITLE: SD ☐ Delete
NAME: GOLDENBERG, ALVIN
STREET ADDRESS: 11126 CLOVER LEAF DR
CITY- ST- ZIP: BOCA RATON FL 33428

TITLE: TD ☐ Change ☐ Addition
NAME: CAMPBELL, JANICE
STREET ADDRESS: 11110 BOCA WOODS LN
CITY- ST- ZIP: BOCA RATON, FL. 33428

TITLE: TD ☒ Delete
NAME: SHEFTER, ALAN
STREET ADDRESS: 10795 WHITE ASPEN LANE
CITY- ST- ZIP: BOCA RATON FL 33428

TITLE: TD ☐ Change ☒ Addition
NAME: CAMPBELL, JANICE
STREET ADDRESS: 11110 BOCA WOODS LN
CITY- ST- ZIP: BOCA RATON, FL. 33428

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Janice Campbell

JANICE CAMPBELL

4-10-07 561-487-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #