

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 20, 2005 8:00 am
Secretary of State

03-22-2005 90010 037 ****61.25

DOCUMENT # 764082 1. Entity Name THE WOODS AT BOCA DEL MAR CONDOMINIUM, INC.					
Principal Place of Business LAKE FOREST CIRCLE BOCA RATON, FL 33433			Mailing Address 1000 HOLLAND DRIVE STE 12 BOCA RATON, FL 33487 US		
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 59-2267744	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRIDENT PROPERTIES MANAGEMENT ATTN: MICHAEL BRODERICK 1000 HOLLAND DRIVE, SUITE 12 BOCA RATON, FL 33487			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 renewing)					
Filing Fee is \$61.25 Due by May 1, 2005		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	P	☐ Delete	TITLE	TIS	☐ Change ☒ Addition
NAME	BRUNELLE, MERYL		NAME	Christina JORDAN	
STREET ADDRESS	21902 LAKE FOREST CIRCLE		STREET ADDRESS	21904-106 Lake Forest Circle	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE	D	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	WATSON, LINDA		NAME	WOJCIK, Lisa	
STREET ADDRESS	21902 LAKE FOREST CIR #102		STREET ADDRESS	1729 SW 14th Court	
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP	FT. LAUDERDALE, FL 33312	
TITLE	D	☐ Delete	TITLE		
NAME	AZOULEY, SHIMON		NAME		
STREET ADDRESS	21900 LAKE FOREST CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		
NAME	DUCHENE, HOWARD		NAME		
STREET ADDRESS	8235 SW 8TH STREET #412		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		
NAME	WATSON, ROBERT		NAME		
STREET ADDRESS	21902 LAKE FOREST CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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