


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90016 009 ****61.25

DOCUMENT # 765998	
1. Entity Name BOCA DELRAY ASSOCIATION, INC.	

Principal Place of Business 5483 BOCA DELRAY BLVD. DELRAY BCH., FL 33484	Mailing Address 5483 BOCA DELRAY BLVD. DELRAY BCH., FL 33484
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54032692



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04082004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent	
GELFAND, MICHAEL ONE CLEARLAKE CENTRE, SUITE 1010 250 S AUSTRALIAN AVENUE WEST PALM BEACH, FL 33401	

7. Name and Address of New Registered Agent	
Name Same	
Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd.	
Suite 1220	
City West Palm Beach, FL	Zip Code 33401

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GINSBERG, LESTER 5483 BOCA DELRAY BLVD. DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIER, SIMON 5483 BOCA DELRAY BLVD. DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, IRENE 5483 BOCA DELRAY BLVD. DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPALLONE, SALLY 5483 BOCA DELRAY BLVD. DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP SHATANOF, FLORENCE 5483 BOCA DELRAY BLVD DELRAY BCH., FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REARDON, RICHARD 5483 BOCA DELRAY BLVD DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Ken Brown <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	v. Pres Erwin Levine <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Roger Schoenfeld <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Cyrus Marder <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bernard Robin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ben Kublin <input checked="" 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:  **4/12/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #