2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005
Secretary of State

DOCUMENT# 765998

Entity Name: BOCA DELRAY ASSOCIATION, INC.

Current Principal Place of Business:

5483 BOCA DELRAY BLVD.
DELRAY BCH., FL 33484

New Principal Place of Business:

Current Mailing Address:

5483 BOCA DELRAY BLVD.
DELRAY BCH., FL 33484

New Mailing Address:

FEI Number: 59-2242102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ST. JOHN, CORE & LEMME, P.A.
1601 FORUM PLACE
STE 701
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BROWN, KEN	
Address:	5483 BOCA DELRAY BLVD.	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	V	( ) Delete
Name:	LEVINE, ERWIN	
Address:	5483 BOCA DELRAY BLVD.	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	S	( ) Delete
Name:	SCHOENFELD, ROGER	
Address:	5483 BOCA DELRAY BLVD.	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	T	( ) Delete
Name:	MARDER, CYRUS	
Address:	5483 BOCA DELRAY BLVD.	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	D	( ) Delete
Name:	ROBIN, BERNARD	
Address:	5483 BOCA DELRAY BLVD	
City-St-Zip:	DELRAY BCH., FL	
Title:	D	( ) Delete
Name:	KUBLIN, BEN	
Address:	5483 BOCA DELRAY BLVD	
City-St-Zip:	DELRAY BEACH, FL 33484	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYRUS MARDER T 03/11/2005
Electronic Signature of Signing Officer or Director — Date