

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765998

FILED  
Mar 08, 2006  
Secretary of State

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 Chapter 119, 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

03/08/2006

Electronic Signature of Signing Officer or Director

Date