

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765998

FILED
Mar 08, 2012
Secretary of State

Entity Name: BOCA DELRAY ASSOCIATION, INC.

Current Principal Place of Business:

5483 BOCA DELRAY BLVD.
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5483 BOCA DELRAY BLVD.
DELRAY BEACH, 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
Name: BROWN, KEN
Address: 5483 BOCA DELRAY BLVD.
City-St-Zip: DELRAY BEACH, FL 33484

Title: V
Name: LEVINE, ERWIN
Address: 5483 BOCA DELRAY BLVD.
City-St-Zip: DELRAY BEACH, FL 33484

Title: S
Name: DREEZER, RAY
Address: 5483 BOCA DELRAY BLVD.
City-St-Zip: DELRAY BEACH, FL 33484

Title: T
Name: GOODMAN, DAVID
Address: 5483 BOCA DELRAY BLVD.
City-St-Zip: DELRAY BEACH, FL 33484

Title: D
Name: BRILLIANT, SHEILA
Address: 5483 BOCA DELRAY BLVD
City-St-Zip: DELRAY BEACH, FL

Title: D
Name: KLINE, JULIAN
Address: 5483 BOCA DELRAY BLVD
City-St-Zip: DELRAY BEACH, FL 33484

I hereby 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 all other like empowered.

SIGNATURE: DAVID GOODMAN

T

03/08/2012

Electronic Signature of Signing Officer or Director

Date