


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90038 038 ****61.25

DOCUMENT # 765999

1. Entity Name
BOCA DELRAY I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5483 BOCA DELRAY BLVD.
 DELRAY BEACH FL 33484**

Mailing Address
**5483 BOCA DELRAY BLVD.
 DELRAY BEACH FL 33484**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country

4. FEI Number
59-4242100

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**COHEN, EDWARD
 5087 OAKHILL #325
 DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2004**

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

| | | |
|----------------|-------------------------|--|
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | REITZES, BENJAMIN | |
| STREET ADDRESS | 5055 OAK HILL LAND #221 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | PERETZMAN, ELSIE | |
| STREET ADDRESS | 5087 OAK HILL LN 313 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | COHEN, EDWARD | |
| STREET ADDRESS | 5087-OAKHILL LN #325 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PROSTOK, MAX | |
| STREET ADDRESS | 5087 OAKHILL LN #316 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KIRSCHNER, MILDRED | |
| STREET ADDRESS | 5087 OAK HILL LANE #314 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | TAMKIN, JOY | |
| STREET ADDRESS | 5121 OAK HILL LN 423 | |
| CITY-ST-ZIP | DELRAY BCH FL 33484 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROBERT WEISS | |
| STREET ADDRESS | 5021 OAK HILL LANE #116 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SAMUEL KAPLAN | |
| STREET ADDRESS | 5087 OAK HILL LANE #323 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ANTHONY NICOLINI | |
| STREET ADDRESS | 5505 OAK HILL LANE #224 | |
| CITY-ST-ZIP | DELRAY BEACH FL 33484 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: *Edward R. Cohen* **EDWARD R. COHEN TRS.** 4/12/04 495-5513 (561)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #