


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90016 024 ****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	Zip	4. FEI Number 59-4242100		
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WEISS, ROBERT 5021 OAK HILL LANE, #116 DELRAY BEACH FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTHONY NICOLINI 5505 OAK HILL LANE # 224 DELRAY BEACH FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, SAMUEL 5087 OAK HILL LANE, #323 DELRAY BEACH FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURENCE GUREN 5087 OAK HILL LANE # 312 DELRAY BEACH FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COHEN, EDWARD 5087 OAKHILL LN #325 DELRAY BEACH FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMA ENGLE 5087 OAK HILL LANE #313 DELRAY BEACH FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROSTOK, MAX 5087 OAKHILL LN #316 DELRAY BEACH FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARTHUR SOKOL 5055 OAK HILL LANE #223 DELRAY BEACH FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSCHNER, MILDRED 5087 OAK HILL LANE #314 DELRAY BEACH FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REGINALD WERNER 5087 OAK HILL LANE # 322 DELRAY BEACH FL 33484	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAMKIN, JOY 5121 OAK HILL LN 423 DELRAY BCH FL 33484		TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** JAN 30, 2006 561-495-5513