


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90039 002 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
COHEN, EDWARD 5087 OAKHILL #325 DELRAY BEACH, FL 33484	

40052192



01242007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-4242100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROBERT WEISS 5021 OAK HILL LANE #116 DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GUREN, LAURENCE 5087 OAK HILL LN #312 DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORMA ENGLE 5087 OAK HILL LANE DELRAY BEACH, FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COHEN, EDWARD 5087 OAKHILL LN #325 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUCILLE NICKERSON 5087 OAK HILL LANE DELRAY BEACH, FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOKOL, ARTHUR 5055 OAK HILL LN # 223 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WERNER, REGINALD 5087 OAK HILL LN # 322 DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CYNTHIA COHEN 5087 OAK HILL LN DELRAY BEACH, FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SIMON JAFFE 5087 OAK HILL LN DELRAY BEACH, FL 33484 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other, like empowered.

SIGNATURE:  **EDWARD R. COHEN** **APRIL 4, 2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Daytime Phone #