

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765999

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: BOCA DELRAY I CONDOMINIUM 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:

P.O. BOX 25495  
TAMARAC, FL 33351

FEI Number: 59-4242100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

GHERMAN, SCOTT  
CENTURION TOWER , 1601 FORUM PLACE  
SUITE 701  
WEST PALM BEACH, FL 33401 US

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: SCOTT GHERMAN

04/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WEISS, ROBERT  
Address: 5021 OAK HILL LANE, #116  
City-St-Zip: DELRAY BEACH, FL 33484

Title: VP ( ) Delete  
Name: ENGLE, NORMA  
Address: 5087 OAK HILL LANE  
City-St-Zip: DELRAY BEACH, FL 33484

Title: TD ( ) Delete  
Name: COHEN, EDWARD  
Address: 5087 OAKHILL LN #325  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete  
Name: BERNARD, JAMKIN  
Address: 5121 OAK HILL LN 423  
City-St-Zip: DELRAY BEACH, FL 33484

Title: SD ( ) Delete  
Name: COHEN, CYNTHIA  
Address: 5087 OAK HILL LN  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D (X) Delete  
Name: NICKERSON, LUCILLE  
Address: 5021 OAK HILL LN 114  
City-St-Zip: DELRAY BEACH, FL 33484

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GELFOUND, ALVIN  
Address: P.O. BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: VP (X) Change ( ) Addition  
Name: TAMKIN, BERNIE  
Address: P.O. BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: TD (X) Change ( ) Addition  
Name: WEISS, ROBERT  
Address: P.O. BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: D (X) Change ( ) Addition  
Name: ENGLE, NORMA  
Address: P.O. BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: SD (X) Change ( ) Addition  
Name: RESNICK, ELAYNE  
Address: P.O. BOX 25495  
City-St-Zip: TAMARAC, FL 33351

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALVIN GELFOUND

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date