## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90253 003 \*\*\*\*61.25

OCUMENT # 766169					04-29-2005 90253 003 *****61.25				
	SOCIATION, INC.								
Principal Place of Business         Mailing Address           21045 COMMERICAL TR.         21045 COMMERICAL TR.           BOCA RATON, FL 33486-1006         BOCA RATON, FL 33486-1006					14	00949	9		
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1 = 1 · ·	t Registered Agent	1 0011	7.	Name and Add	ress of New			-	
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MANAGEMENT COMPANY,	INC.	C. Syreet Address		BOUTUNE A		1-1	THC	_	
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	purpose of changing its	registered office o	r registered ag	gent, or both, in	the State of F	lorida. I am fa	amiliar with,	and accept	
ions of registered agent		, ,	1		1				
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Signature, typed or printed name of registered agen	SCOT	H. Ger	roll	reinstating)	for.	/ 20	20	9	
Signature, typed or printed name of registered agen	<del></del>	E: Registered Agent signal			fore	/ 20 DATE	200	<u>I</u>	
Signature, typed or printed name of registered agen Filling Fee Is \$61.25 Due by May 1, 2005	9. Election Ca	E: Registered Agent signal mpaign Financing Contribution.	_ \$5.	reinstating)  OO May Be ed to Fees		DATE  Make check orida Depart			
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	e of Business MERICAL TR. I, FL 33486-1006  Place of Business C MANAGEMENT, July #, etc. JOG RD, Suite B  OCKES, FL  Country USA 6. Name and Address of Current K. ISAACSON,	THAS HOMEOWNERS' ASSOCIATION, INC.  Be of Business MERICAL TR. I, FL 33486-1006  MANAGEMENT COMPANY, INC. MMERCIAL TRAIL TON, FL 33486-1006  MANAGEMENT COMPANY, INC. MMERCIAL TRAIL TON, FL 33486-1006  MANAGEMENT COMPANY, INC. MMERCIAL TRAIL TON, FL 33486-1006	Mailing Address Mailing Addres	Mailing Address MERICAL TR. J. FL 33486-1006  Mailing Address 21045 COMMERICAL TR. BOCA RATON, FL 33486-1006  Mailing Address 21045 COMMERICAL TR. BOCA RATON, FL 33486-1006  MANAGEMENT, IX  COUNTY C	The state of Business  Werical Tr.  If I 33486-1006  Wailing Address 21045 COMMERICAL Tr.  BOCA RATON, FL 33486-1006  Wailing Address C MANA CONET, Tr.  Suite, Apt. #, etc.  JOG RD, Suite B  City & State Country Co	He ITAS HOMEOWNERS' ASSOCIATION, INC.  Be of Business Mailing Address MERICAL TR. JOHN SCHOOL BUSINESS  C MANAGEMENT, TX  Suite, Apt. W. etc. DOMC MANAGEMENT, TX  Suite, Apt. W. etc. DOMC MANAGEMENT, TX  COMC MANAGEMENT, TX  Suite, Apt. W. etc. DOMC MANAGEMENT, TX  COMC MANAGEMENT, TX  Suite, Apt. W. etc. DOMC MANAGEMENT, TX  Company  Suite, Apt. W. etc. DOMC MANAGEMENT, TX  Country  Country USA  6. Name and Address of Current Registered Agent  C ISAACSON, MANAGEMENT COMPANY, INC. MMERCIAL TRAIL TON, FL 33486-1006  City CREINACRES  Pramed entity submits this entersorm of the purpose of changing its registered office or registered agent, or both, in the State of Framework of the purpose of changing its registered office or registered agent, or both, in the State of Framework of States o	The of Business  Mailing Address  21045 COMMERICAL TR.  JOS RD SUITE B  CONT. MANAGEMENT TO Suite, Apt. #, etc.  COUNTY  COUNT	The of Business  Werical TR.  If I 33486-1006  Mailing Address  21045 COMMERICAL TR.  BOCA RATON, FL 33486-1006  3. Mailing Address  C MANAGEMENT, TAX  COMMERICAL TR.  Suite, Apt. M., etc.  COMMERICAL TR.  COUNTY  COUNTY  COUNTY  S. Certificate of Status Desired St. St. Address of New Registered Agent  C. ISAACSON,  MANAGEMENT COMPANY, INC.  City CREENACRES  City CREENACRES  FL 25561  City CREENACRES  City CREENACRES  FL 25561  City CREENACRES  FL 25561  City CREENACRES  City CREENACRES  City CREENACRES  City CREENACRES  City CREENACRES  CITY CREENACRES  COMPANY  CREENACR	

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: _	Kabiloden	Isabel 4. Valenced	4/22	105 Jd-641-10	16
	SIGNATURE AND STPED OR PRINTED HAME OF S	IGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	Ι'