

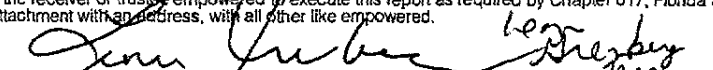


Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N00875				FILED Mar 02, 2006 08:00 A Secretary of State	
1. Entity Name PROMENADE AT BOCA POINTE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7169 PROMEANDE DR BOCA RATON, FL 33433		Mailing Address 7169 PROMEANDE DR BOCA RATON, FL 33433			
					
		02242006 No Chg-NP		CR2E037 (11/05)	
4. FEI Number 59-2385986				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					
COMMUNITY ASSOC. SERVICES 7137 PROMENADE DR BOCA RATON, FL 33433					
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 reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P CHERNOW, DAN 7137 PROMENADE DR BOCA RATON, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D KLEIN, LEONARD 7161 PROMENADE DR BOCA RATON, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DT GREENBERG, LEON 7145 PROMENADE DR BOCA RATON, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS COHEN, MURIEL 7137 PROMENADE DR BOCA RATON, FL 33433			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 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 all other like empowered.					
SIGNATURE: 		3/1/06		561-395-7732	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	