

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N01000006866**

1. Entity Name  
**BOCA AREA POST POLIO GROUP, INC.**



Principal Place of Business  
**11660 TIMBERS WAY  
BOCA RATON, FL 33428**

Mailing Address  
**11660 TIMBERS WAY  
BOCA RATON, FL 33428**



01042007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1146377**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**HENRIKSEN, MAUREEN  
11660 TIMBERS WAY  
BOCA RATON, FL 33428**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HENRIKSEN, MAUREEN A
STREET ADDRESS	11660 TIMBERS WAY
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VPD
NAME	DEMASI, CAROLYN
STREET ADDRESS	15720 SE 27TH AVE
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	SD
NAME	MCMILLEN, JANE
STREET ADDRESS	22107 MARTELLA AVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	DAUBENSPECK, EFFIE
STREET ADDRESS	23343 BLUE WATER CIRCLE #B216
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000580304  
01/10/07-80041-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** Maureen A. Henriksen **MAUREEN A. HENRIKSEN** 1/4/07 561-488-4473  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #