

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001124

FILED
Apr 05, 2004
Secretary of State

Entity Name: HOMESTYLES OF BOCA RATON, INC.

Current Principal Place of Business:

2911 N.W. 27TH AVENUE
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

2911 N.W. 27TH AVENUE
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 02-0580874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICH, DAVID L ESQ.
513 N. STATE ROAD 7
MARGATE, FL 33063

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MANSELL, PATRICK
Address: 2911 N.W. 27 AVENUE
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: RICH, NANCY
Address: 4915 OXFORD CIRCLE
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: MANSELL, LISA A
Address: 2911 N.W. 27 AVENUE
City-St-Zip: BOCA RATON, FL 33434

Title: P () Delete
Name: MANSELL, LISA A
Address: 2911 N.W. 27 AVENUE
City-St-Zip: BOCA RATON, FL 33434

Title: V () Delete
Name: MANSELL, PATRICK J
Address: 2911 N.W. 27 AVENUE
City-St-Zip: BOCA RATON, FL 33434

Title: T/S () Delete
Name: RICH, NANCY
Address: 4915 OXFORD CIRCLE
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA A MANSELL

PRES

04/05/2004

Electronic Signature of Signing Officer or Director

Date