2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# N02405

Entity Name: BOCA DELRAY II 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:

FEI Number: 65-0327051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALTZ, EDWARD J
5483 BOCA DELRAY BLVD
DELRAY BEACH, FL 33484 US

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:	PRES	( ) Delete
Name:	MALTZ, EDWARD J	
Address:	5483 BOCA DELRAY BLVD	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	TRUS	( ) Delete
Name:	BOURSTEIN, ADRIANNE	
Address:	5483 BOCA DELRAY BLVD	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	TRUS	( ) Delete
Name:	BROWN, KENNETH	
Address:	5483 BOCA DELRAY BLVD	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	TRUS	( ) Delete
Name:	GILMAN, RICHARD	
Address:	5483 BOCA DELRAY BLVD	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	TRUS	( ) Delete
Name:	SPAR, LEE	
Address:	5483 BOCA DELRAY BLVD	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:	SEC	( ) Delete
Name:	REARDON, RICHARD	
Address:	5483 BOCA DELRAY BLVD	
City-St-Zip:	DELRAY BEACH, FL 33484	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TRUS	(X) Change ( ) Addition
Name:	SCHWARZ, FRANCIS	
Address:	5483 BOCA DELRAY BLVD	
City-St-Zip:	DELRAY BEACH, FL 33484	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TRUS	(X) Change ( ) Addition
Name:	LEVINE, SAUL	
Address:	5483 BOCA DELRAY BLVD	
City-St-Zip:	DELRAY BEACH, FL 33484	
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 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: EDWARD J MALTZ PRES 01/06/2006

Electronic Signature of Signing Officer or Director — Date