

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

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N04378

1. Entity Name
BOCA MARQUIS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**254-258 SW 6TH STREET
BOCA RATON, FL 33432**

Mailing Address
**254 SW 6TH STREET
BOCA RATON, FL 33432**



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2651299

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TAAL, BADARA ALIOUNE F
254 S.W. 6TH ST.
BOCA RATON, FL 33432**

**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 reinstating)

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 TAAL, BADARA ALIOUNE F
STREET ADDRESS 254 SW 6TH STREET
CITY- ST- ZIP BOCA RATON, FL 33432

TITLE VP
NAME KELLY, BEAL
STREET ADDRESS 252 SW 6TH ST
CITY- ST- ZIP BOCA RATON, FL 33432

TITLE ST
NAME TAAL, HADDY
STREET ADDRESS 254 SW 6TH STREET
CITY- ST- ZIP BOCA RATON, FL 33432

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000000589345
01/18/07-80013-004 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: Badara J. Taal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/07