2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State
02-02-2005 90045 046 ****61.25

40011005

1st MOORE CR2E037 (10/04)

DOCUMENT # N04488

1. Entity Name

THE PALMS AT BOCA POINTE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O COMMUNITY ASSOC. SERVICES 951 BROKEN SOUND PRKWY STE 250 BOCA RATON FL 33487	C/O COMMUNITY ASSOC. SERVICES 951 BROKEN SOUND PRKWY STE 250 BOCA RATON FL 33487

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0110568 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MESSINGER, JOEL
COMMUNITY ASSOCIATION SERVICES
951 BROKEN SOUND PKWY #250
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MOORE, LOU 951 BROKEN SOUND PKWY, STE 250 BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT ADAMS, JOAN 7884 TRAVELERS TREE DR. BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP KAUFMAN, HAROLD 23501 BUTTERFLY PALM COURT BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KAUFMAN, HAROLD 23501 BUTTERFLY PALM CT BOCA RATON, FL 33433 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP ASSISI, SAM 7892 TRAVELERS TREE DR. BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP ASSISI, SAM 7892 TRAVELERS TREE DR BOCA RATON, FL 33433 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEN-SHALOM, GLORIA 7889 TRAVELERS TREE BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP BEN-SHALOM, GLORIA 7889 TRAVELERS TREE DR BOCA RATON, FL 33433 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KATARI, MARTY 7784 TRAVELERS TREE DR. BOCA RATON FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STREISFELD, MARK 7785 TRAVELERS TREE DR BOCA RATON, FL 33433 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 1/21/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #