

66205  
KD 2/16/07 8412

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

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90005 029 \*\*\*\*70.00

**DOCUMENT # N05000011379**

1. Entity Name  
**ADDISON POINTE AT BOCA RATON CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**1000 CLINT MOORE RD STE 110  
BOCA RATON, FL 33487**

Mailing Address  
**1000 CLINT MOORE RD STE 110  
BOCA RATON, FL 33487**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-4033329**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

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

**FINKELSTEIN, RICHARD  
1000 CLINT MOORE RD STE 110  
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

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

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**

TITLE NAME	PD DEUTCH, DAVID O	<input type="checkbox"/> Delete
STREET ADDRESS	9400 S DADELAND BLVD STE 100	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE NAME	V BORG, DEAN J	<input type="checkbox"/> Delete
STREET ADDRESS	1000 CLINT MOORE RD STE 110	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE NAME	TS MATTHEWS-GREY, JUDY	<input type="checkbox"/> Delete
STREET ADDRESS	1000 CLINT MOORE RD STE 110	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE NAME	D FINKELSTEIN, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	1000 CLINT MOORE RD STE 110	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE NAME	D WOHL, MICHAEL D	<input type="checkbox"/> Delete
STREET ADDRESS	9400 S DADELAND BLVD STE 100	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE NAME	D WOLFSON, LOUIS III	<input type="checkbox"/> Delete
STREET ADDRESS	9400 S DADELAND BLVD STE 100	
CITY-ST-ZIP	MIAMI, FL 33156	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Judy Matthews Gray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JUDY MATTHEWS-GRAY**

Date

Daytime Phone #

561-997-5760