2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 26, 2004 8:00 am **Secretary of State** DOCUMENT # N08397 1. Entity Name 03-26-2004 90012 009 ****70.00 WIND KEY AT BOCA WEST PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 21045 COMMERCIAL TR 21045 COMMERCIAL TR BOCA RATON FL 33486 **BOCA RATON FL 33486** 54022742 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2716248 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAM K. ISAACSON, Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERCIAL TR **BOCA RATON FL 33486** Zip Code FL 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. 1 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VPD TITLE ☐ Delete TITLE Change ☐ Addition BINDER, PHYLLIS NAME 7771 WIND KEY DR STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change **Addition** RMIT HALPERIN GOLDSTEIN, SAM NAME NAME 7791 WINDKEY DR. STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete 💢 Change TITLE ☐ Addition STEPHEN, PLATT NAME NAME 7759 WIND KEY DR. STREET ADDRESS STREET ADDRESS **BOCA RATON FL.** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition MISHKIN, HOWARD NAME 7760 WIND KEY DR. STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ∏ Addition STEINBERG, CHARLES NAME NAME 7838 WIND KEY DR STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 acculate 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 rustee empowered to expect 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

SIGNATURE:

FILED

561