2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N09274

1. Entity Name
BOCA LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7070 NW 2ND AVE. BOCA RATON, FL 33487	7070 NW 2ND AVE. BOCA RATON, FL 33487

01112006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2587862
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KAYE, STELLA
7017 NW 3RD AVE
BOCA RATON, FL 33487

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

100000430610
04/18/06-80060-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MYERS, KATHY
STREET ADDRESS	252 NW 70 ST
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VP
NAME	ZAMMARCHI, FRANK
STREET ADDRESS	275 NW 69 ST
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	SD
NAME	KAYE, STELLA
STREET ADDRESS	7017 NW 3 AV
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	TD
NAME	KAYE, STELLA
STREET ADDRESS	7017 N.W. 3 AVENUE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	ALIBRANDI, JULIANNE
STREET ADDRESS	240 69 ST
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	SILKWORTH, CAROLYN
STREET ADDRESS	245 NW 70 ST
CITY-ST-ZIP	BOCA RATON, FL 33487

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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: STELLA KAYE Stella Kaye Secty/Treas 3/30/06 561 995-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #