2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

04-08-2005 90064 010 ****61.25

DOCUMENT # N09580 1. Entity Name LA CORNICHE AT BOCA POINTE HOMEOWNERS' ASSOCIATION; INC:						04-08-2003	90064 010	0 01	.23	
Principal Place of Business Mailing Address 951.BROKEN SOUND.PARKWAY: 951.BROKEN SOUND BOCA RATON, FL 33487 BOCA RATON, FL 33						I Brie i Bibli Embli (bim be	ifi Bilbil Bibil Bibil	MININ KENIK MINI	KIF) et 1201	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03172005	Chg-NP	CR2E037	7 (10/03)			
City & State	B	City & State	City & State		4. FET Number 93-1006			. h	plied For the Applicable	
Zip	Country	Zip .	Cour	ntry	5. Certificate of	of Status Desired		8.75 Add ee Require		
	6. Name and Address of Currer	at Registered Agent			7. Name and	Address of New F	Registered A	gent		
SAX, SPE	NCER EN SOUND PARKWAY		Name Street Address (P.O. Box Number	r is Not Accentable	e)				
SUITE 250			Street Address (P.O. Box Number is Not Acceptable)							
				City	City FL Zip Code				e	
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 provided name of ingustred agent and title if applicable. (NOTE: Registered Agent signature inquired whereversesting) DATE.										
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Car Trust Fund (Contribution	on.	\$5.00 May Be Added to Fees	Flo	dake check rida Departi	·		
10.						NICCO TO OCCIO				
	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHA	INGES TO OFFICE				
TITLE	D	DIRECTORS Delete	TITLE		ADDITIONS/CHA	INGES TO OFFICE	ERS AND DIR			
NAME	D DAVIDSON, JIM		TITLE NAME		ADDITIONS/CHA	INGES TO OFFICE	ERS AND DIR	ECTORS IN	10	
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2. 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:	Malersham	4.	5-05	561-395-7737
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	Oste	Daytyme Phone #
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