

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

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90076 007 ****61.25

DOCUMENT # N11032

1. Entity Name

BOCA GLADES "D" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**8489 BOCA GLADES BLVD. WEST
BOCA RATON FL 33434**

Mailing Address

**8489 BOCA GLADES BLVD. WEST
BOCA RATON FL 33434**

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

59-2535836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWATT, MYRON I
PRIME MANAGEMENT GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name **Michael J. Gelfand** c/o Gelfand & Arpe, P.A.
Street Address (P.O. Box Number is Not Acceptable)
1555 Palm Beach Lakes Blvd., Suite 1220
West Palm Beach
City **FL** Zip Code **33401**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KAINER, NATALIE	
STREET ADDRESS	8601 E BOCA GLADES BLVD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	P	<input type="checkbox"/> Delete
NAME	BENINCASA, LOUIS	
STREET ADDRESS	8665-A BOCA GLADES BLVD W	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KURCHBAUM, MANEK	
STREET ADDRESS	9625-G BOCA GLADES BLVD	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDSON, EUGENE	
STREET ADDRESS	8689-A BOCA GLADES BLVD W	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREISMAN, IRA	
STREET ADDRESS	8657 -F BOCA GLADES BLVD WEST	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KOWLER, ARTHUR H	
STREET ADDRESS	8689 BOCA GLADES BLVD	
CITY-ST-ZIP	BOCA RATON FL 33434	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kainer, Natalie	
STREET ADDRESS	8601 E Boca Glades Blvd	
CITY-ST-ZIP	Boca Raton FL 33434	
TITLE	JP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Benincasa Louis	
STREET ADDRESS	8665A Boca Glades Blvd W	
CITY-ST-ZIP	Boca Raton FL	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kurchbaum, Manek	
STREET ADDRESS	9625-G Boca Glades Blvd	
CITY-ST-ZIP	Boca Raton FL 33434	
TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richardson, Eugene	
STREET ADDRESS	8689-A Boca Glades Blvd W	
CITY-ST-ZIP	Boca Raton FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Henry Adelsperger	
STREET ADDRESS	8705-A Boca Glades Blvd W	
CITY-ST-ZIP	Boca Raton FL 33434	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-2005

Date

Daytime Phone #

(561) 482-6651