2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State
03-03-2006 90123 005 ****61.25

DOCUMENT # N11032

1. Entity Name

BOCA GLADES "D" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8489 BOCA GLADES BLVD. WEST BOCA RATON FL 33434	8489 BOCA GLADES BLVD. WEST BOCA RATON FL 33434

1st MOORE CR2E037 (10/05)

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

MICHAEL J. GELFAND
1555 PALM BEACH LAKES BLVD.
SUITE 1220
WEST PALM BEACH FL 33401

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

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAINER, NATALIE 8601 E BOCA GLADES BLVD W BOCA RATON FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LISA SCHATZAK 8625 H BOCA GLADES BLVD W BOCA RATON FL 33434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BENINCASA, LOUIS 8665-A BOCA GLADES BLVD W BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TREAS.~~ ROBERT LEHNER 8705 D BOCA GLADES BLVD W BOCA RATON FL 33434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KURCHBAUM, MANEK 9625-G BOCA GLADES BLVD BOCA RATON FL 33434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUDITH SNEAD 8657 BOCA GLADES BLVD W BOCA RATON FL 33434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LVP RICHARDSON, EUGENE 8689-A BOCA GLADES BLVD W BOCA RATON FL 33434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Asst~~ D ALAN LEBOVITZ 8649 G BOCA GLADES BL W. BOCA RATON FL 33434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KREISMAN, IRA 8657 -F BOCA GLADES BLVD WEST BOCA RATON FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEROME CANTOR 8649 F BOCA GLADES BL. W. BOCA RATON FL 33434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ADELSPERGER, HENRY 8705-A BOCA GLADE BLVD W BOCA RATON FL 33434	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lisa K. Schatzak / LISA K. SCHATZAK PRES 3/7/06 (561) 883 3079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR