

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90072 039 ****61.25

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|--|-------------------------------|---|--|--|--|
| 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 - No P.O. Box # Benchmark Property Mgmt. Suite, Apt. #, etc. 7932 Wiles Road City & State Coral Springs, Florida Zip 33065 | | 3. Mailing Address Benchmark Property Mgmt. Suite, Apt. #, etc. 7932 Wiles Road City & State Coral Springs, FL Zip 33065 | | | |
| Country U.S.A. | | Country U.S.A. | | 01162007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 59-2535836 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 Robert Kaye + Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 6261 N.W. 6th way Suite 103 Ft. Lauderdale FL City FL Zip Code 33309 | | |
| 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 <u><i>Robert Kaye President</i></u> 2-2-07 DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KAINER, NATALIE | | NAME | SCHARAK, LISA | |
| STREET ADDRESS | 8601 E BOCA GLADES BLVD W | | STREET ADDRESS | 8625 Boca Glades Blvd. W. Apt H | |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | | CITY-ST-ZIP | Boca Raton FL 33434 | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | Sec. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEHNER, ROBERT | | NAME | Kainer, Natalie | |
| STREET ADDRESS | 8705D BOCA GLADES BLVD W | | STREET ADDRESS | 8601 E Boca Glades Blvd. W | |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | | CITY-ST-ZIP | BOCA RATON, FL 33434 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SNEAD, JUDITH | | NAME | | |
| STREET ADDRESS | 8657 BOCA GLADES BLVD W | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEBOVITZ, ALAN | | NAME | | |
| STREET ADDRESS | 8649G BOCA GLADES BLVD W | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KREISMAN, IRA | | NAME | | |
| STREET ADDRESS | 8657 -F BOCA GLADES BLVD WEST | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CANTOR, JEROME | | NAME | | |
| STREET ADDRESS | 8649F BOCA GLADES BLVD W | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33434 | | CITY-ST-ZIP | | |
| 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: <u><i>Lisa K. Scharak</i></u> LISA K. SCHARAK Pres. 1/24/07 561 483 0087 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |