2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N11609

1. Entity Name
THE VILLAS OF BOCA DELRAY CONDOMINIUM



	ATION, INC.						
Principal Place of Business 5483 BOCA DELRAY BLVD. DELRAY BCH., FL 33484		Mailing Address 5483 BOCA DELRAY BLVD. DELRAY BCH., FL 33484		40-			
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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152006 Chg	J-NP C	R2E037 (11/05)	
City & State		City & State		4. FEI Number 59-2622440		<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of Stat	us Desired [\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Addre	ss of New Regist	tered Agent	
RICH, LYNDA MILLER			Name				
5483 BOCA DELRAY BLVD			Street Address	(P.O. Box Number is No	ot Acceptable)		
ROOM 60	BEACH, FL 33484			**************************************			
DEE/WY C	5 <u>0</u> (6), 1 € 00404		City			FL Zip Cod	e
	named entity submits this statement for	or the purpose of changing its re	gistered office or registe	ered agent, or both, in th	ne State of Florida.	. I am familiar with,	and accept
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	logistered Agent aignature require	ed when remaining)		DATE	
SIGNATURE	Signature, typed or proted name of registered agent Filling Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Cou	aign Financing	\$5.00 May Be Added to Fees		check payable to	- 1
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Col	aign Financing	\$5.00 May Be	Florida	check payable to Department of SI	tate
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Camp Trust Fund Col	aign Financing ntribution. 11.	\$5.00 May Be Added to Fees	Florida	check payable to	tate
10. TITLE S	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	B. Election Camp Trust Fund Cor RECTORS	aign Financing ntribution. 11. TITLE NAME	\$5.00 May Be Added to Fees	Florida	check payable to Department of SI	tate
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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 frustee 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

561-496-455 Daysme Phone #

FILED

Apr 05, 2006 8:00 am Secretary of State

04-05-2006 90133 043 ****61.25