

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90108 004 \*\*\*\*61.25

<b>DOCUMENT # N11711</b> 1. Entity Name <b>TRENDS AT BOCA RATON HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O EXCLUSIVE PROPERTY MANAGEMENT 1280 S.W. 36 AVE., SUITE 301 POMPAÑO BEACH, FL 33069 US</b>			Mailing Address <b>C/O EXCLUSIVE PROPERTY MANAGEMENT 1280 S.W. 36 AVE., SUITE 301 POMPAÑO BEACH, FL 33069 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  <b>JENKINS, KATHLEEN EXCLUSIVE PROPERTY MANAGEMENT 1280 S.W. 36 AVE., SUITE 301 POMPAÑO BEACH, FL 33069</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006.</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, WILLIAM		NAME		
STREET ADDRESS	22925 OLD INLET BRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NAPSKY, JASON		NAME	<b>TD HANSEN, LESDIA</b>	
STREET ADDRESS	8575 DYNASTY DRIVE		STREET ADDRESS	<b>22200 SANDS POINT DR</b>	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FERNANDEZ, IRENE		NAME	<b>SD CARLOUGH, ROBERT</b>	
STREET ADDRESS	22988 OLD INLET BRIDGE DRIVE		STREET ADDRESS	<b>22310 SANDS POINT DR</b>	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NAPSKY, JASON		NAME	<b>VPD BROWN, GARY</b>	
STREET ADDRESS	8575 DYNASTY DR		STREET ADDRESS	<b>22231 SANDS POINT DR</b>	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMBUCO, ANGIE		NAME		
STREET ADDRESS	23035 SUNFIELD DR		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEISS, HELEN		NAME	<b>D ACOSTA, DIANE</b>	
STREET ADDRESS	8581 TEEBERRY LANE		STREET ADDRESS	<b>22391 SANDS POINT DR</b>	
CITY-ST-ZIP	BOCA RATON, FL 33433		CITY-ST-ZIP	<b>BOCA RATON, FL 33433</b>	
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.					
<b>SIGNATURE:</b>			<b>3/22/06</b> <b>954-695-3066</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		