

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13817

FILED
Aug 31, 2004
Secretary of State

Entity Name: WEST BOCA MEDICAL OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O THE TRIAX GROUP
P.O. BOX 6286
BOCA RATON, FL 334276286

New Principal Place of Business:

Current Mailing Address:

C/O THE TRIAX GROUP
P.O. BOX 6286
BOCA RATON, FL 33427

New Mailing Address:

FEI Number: 59-2779469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORTH, GLORIA O.
2300 GLADES ROAD, 203-E
BOCA RATON, FL 33431

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PITERA, RICHARD,
Address: 9980 W. CENTRAL PARK BL.
City-St-Zip: BOCA RATON, FL

Title: DTVP () Delete
Name: FUNT, DAVID
Address: 9980 W CENTRAL PARK BL
City-St-Zip: BOCA RATON, FL 33428

Title: DS () Delete
Name: WEINER, HOWARD,
Address: 9980 W. CENTRAL PARK BL.
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: MONAHAN, KEVIN
Address: 9980 W CENTRAL PARK BL
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD PITERA

DP

08/31/2004

Electronic Signature of Signing Officer or Director

Date