

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13817

FILED
Apr 29, 2010
Secretary of State

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

Current Principal Place of Business:

C/O TRIAX GROUP OF SOUTH FLORIDA
3400 RABBIT HOLLOWE CIRCLE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

C/O TRIAX GROUP OF SOUTH FLORIDA
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
400 SOUTH DIXIE HWY.
SUITE #323
BOCA RATON, FL 33432 US

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
Name: LOHMANN, RICHARD
Address: 9980 W. CENTRAL PARK BL.
City-St-Zip: BOCA RATON, FL 33428 US

Title: DS
Name: FUNT, JODY
Address: 9980 W CENTRAL PARK BL
City-St-Zip: BOCA RATON, FL 33428 US

Title: DT
Name: BARTON, PAM
Address: 9980 W. CENTRAL PARK BL.
City-St-Zip: BOCA RATON, FL 33428 US

Title: D
Name: ADELMAN, MARK
Address: 9980 W CENTRAL PARK BL
City-St-Zip: BOCA RATON, FL 33428 US

Title: D
Name: GELB, ELICE
Address: 9980 W CENTRAL PARK BL
City-St-Zip: BOCA RATON, FL 33428 US

I hereby 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 all other like empowered.

SIGNATURE: PAMELA BARTON

D

04/29/2010

Electronic Signature of Signing Officer or Director

Date