

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90034 003 \*\*\*\*61.25

66003463



1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N13963</b>					
1. Entity Name <b>VILLAS OF BOCA DELRAY II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5483 BOCA DELRAY BLVD DELRAY BCH. FL 33484</b>			Mailing Address <b>5483 BOCA DELRAY BLVD DELRAY BCH. FL 33484</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2406318</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STAHL, IRWIN 5254 FAIRWAY WOODS DR. DELRAY BEACH FL 33484</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when representing)</small>					
<b>FILE NOW - 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 NAME STREET ADDRESS CITY-ST-ZIP	S STAHL, RHODA 5254 FAIRWAY WOODS DR. DELRAY BCH FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR FREEDMAN, ADINA 5266 FAIRWAY WOODS DR. DELRAY BCH. FL 33484 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LEVINE, ERWIN 5242 FAIRWAY WOODS DR DELRAY BCH. FL 33484 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DREEZER, RAY 5266 FAIRWAY WOODS DR. DELRAY BEACH FL 33484 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER STAHL, IRWIN 5254 FAIRWAY WOODS DR. DELRAY BEACH FL 33484 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARVIN HAYMAN 5254 FAIRWAY WOOD DR DELRAY BEACH FL 33484 DIRECTOR <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Irwin Stahl</u> TREASURER			Date: <u>2/27/06</u> 561 496 2584		



ATTACHMENT

66003463

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

VILLAS OF BOCA DELRAY II CONDOMINIUM ASSOCIATION, INC.  
5483 BOCA DELRAY BLVD  
DELRAY BCH., FL 33484

Subject: VILLAS OF BOCA DELRAY II CONDOMINIUM ASSOCIATION, INC.

Reference Number: N13963

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION