

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90401 019 *****70.00

DOCUMENT # N23329

1. Entity Name

THE COVE AT BOCA WEST CONDOMINIUM, INC.



Principal Place of Business

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486-1006
US

Mailing Address

21045 COMMERCIAL TRAIL
BOCA RATON FL 33486-1006
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0026822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEWIS, ALLEN 20220 BOCA WEST DR., UNIT 204 BOCA RATON FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Lewis, Allen	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KATZ, GERALDINE 20220 BOCA W DR UNIT 1401 BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Katz, Geraldine	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SCHLOSSMANN, ROBERT 20220 BOCA W DRIVE, UNIT 803 BOCA RATON FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Schlossmann, Robert	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PLESSER, ZACHARY 20220 BOCA W DR UNIT 1801 BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Plessner, Zachary	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD STITZER, PAUL 20220 BOCA WEST DR., #1001 BOCA RATON FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Paul STITZER	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis Allen (TD)

Date

Daytime Phone #

3/19/04

561-487-4237