2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

BIGOTURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 12, 2005 8:00 am Secretary of State DOCUMENT # N23329 ... 1. Entity Name 04-12-2005 90139 048 ****70.00 THE COVE AT BOCA WEST CONDOMINIUM, INC. Principal Place of Business 21045 COMMERCIAL TRAIL 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486-1006 BOCA RATON FL 33486-1006** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City-& State 4. FEI Number 65-0026822 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAM K. ISAACSON Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486** 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 Signature, typed or punted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS TD ☐ Change Addition TIZLE TITLE Defete LEWIS, ALLEN NAME NAME -# 1602 20220 BOCA WEST DR., UNIT 204 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition KATZ, GERALDINE NAME MAME 20220 BOCA W DR UNIT 1401 STREET ADDRESS STREET ADDRESS BOCA RATON FL CITY-ST-ZIP CITY-ST-ZIP VD Delete Change . Addition | THE TITLE SCHLOSSMANN, ROBERT NAME NAME 20220 BOCA W DRIVE, UNIT 803 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITE F PLESSER,-ZACHARY-NAME NAMF. 20220 BOCA W DR UNIT 1801 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-71P CITY-ST-ZIP Addition TIST F Delete STITZER, PAUL NAME 20220 BOCA WEST DR., #1001 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 try impowered 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 a with all other like empowered

FILED

Davtime Phone #