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

May 04, 2006 8:00 am Secretary of State **DOCUMENT # N23329** 1. Entity Name 05-04-2006 90217 046 ****70.00 THE COVE AT BOCA WEST CONDOMINIUM, INC. Principal Place of Business Maiting Address 40000160 21045 COMMERCIAL TRAIL BOCA RATON FL 33486-1006 21045 COMMERCIAL TRAIL BOCA RATON FL 33486-1006 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 65-0026822 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE **安全的** FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD ☐ Delete ☐ Change ☐ Addition TITLE TIMONER, STUART NAME NAME 20220 BOCA WEST DR, # 1602 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33434 CITY-ST-ZIP CITY-ST-7IP TD TITLE ☐ Delete TITLE ☐ Change ■ Addition BERGMAN, NEIL NAME NAME 20220 BOCA WEST DR, # 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP SD ☐ Change Addition TITLE Delete TITLE Stitzer WEISER, LARRY NAME NAME 0220 Paca West DAIVE-#1001 BOCA RATON, F133434 STREET ADDRESS 20220 BOCA WEST DR, # 1202 STREET ADDRESS BOCA CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP VPD Delete TITLE ☐ Change ☐ Addition TITLE NAME PLESSER, ZACHARY NAME STREET ADDRESS 20220 BOCA W DR UNIT 1801 STREET ADDRESS AR 2 2 2006 CITY-ST-ZIP CITY-ST **BOCA RATON FL** חו Change ☐ Addition TITLE ☐ Delete TITLE SAMBERG, SEYMOUR NAME NAME 20220 BOCA WEST DR. # 804 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

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FILED