

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N32919**

1. Entity Name  
**BOCA COMMERCIAL INDUSTRIAL CONDOMINIUM #2  
ASSOCIATION, INC.**



Principal Place of Business

**C/O SEAN M. LEDER  
6530 W ROGERS CIRCLE #31  
BOCA RATON, FL 33487**

Mailing Address

**C/O SEAN M. LEDER  
6530 W ROGERS CIRCLE #31  
BOCA RATON, FL 33487**

**DO NOT WRITE IN THIS SPACE**



03102005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-0126688**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEDER, SEAN M  
6530 W ROGERS CIRCLE  
#31  
BOCA RATON, FL 33487**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEDER, SEAN M
STREET ADDRESS	6530 W ROGERS CIR., #31
CITY-STATE-ZIP	BOCA RATON, FL 33487
TITLE	STD
NAME	HOLLANDER, JEFF
STREET ADDRESS	6560 WEST ROGERS CIRCLE #18
CITY-STATE-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	HOLLANDER, LEO
STREET ADDRESS	6560 WEST ROGERS CIRCLE #18
CITY-STATE-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1100000315586  
04/19/05-80041-021 61.25

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IN THIS SPACE**

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 empowered.

SIGNATURE:

**SEAN M. LEDER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/05 561-995-7878**