# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 10, 2006**
**Secretary of State**

DOCUMENT# N44628

**Entity Name:** REFLECTIONS OF LAKE BOCA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ROBERT KASSAB
665 SE 10TH ST STE 102
DEERFIELD BEACH, FL 334415634

**New Principal Place of Business:**

C/O ROBERT KASSAB
555 S OCEAN BLVD
BOCA RATON, FL 33432

**Current Mailing Address:**

C/O ROBERT KASSAB
665 SE 10TH ST STE 102
DEERFIELD BEACH, FL 334415634

**New Mailing Address:**

C/O ROBERT KASSAB
PO BOX 811809
BOCA RATON, FL 334811809

**FEI Number: 65-0314363** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KASSAB, ROBERT L.
555 S. OCEAN BLVD.
BOCA RATON, FL 334326240 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PVD ( ) Delete
Name: KASSAB, ROBERT L.,
Address: 555 S OCEAN BLVD UNIT 3
City-St-Zip: BOCA RATON, FL

Title: STD ( ) Delete
Name: BLUM, MATT
Address: 555 S OCEAN BLVD UNIT 7
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete
Name: HEXT, THOMAS
Address: 900 OLD CHESTER ROAD
City-St-Zip: FAR HILLS, NJ 07931

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L KASSAB PVD 01/10/2006

Electronic Signature of Signing Officer or Director — Date