


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000000711 1. Entity Name MONTEGO BAY AT BOCA POINTE CONDOMINIUM NO. 5 ASSOCIATION, INC.	
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Principal Place of Business 8211 W BROWARD BLVD PH1 5TH FLOOR PLANTATION, FL 33324 US	Mailing Address 8211 W BROWARD BLVD PH1 5TH FLOOR PLANTATION, FL 33324 US
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01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0026955	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WEINBERG BLACK, FRANK
7805 SW 6 COURT
PLANTATION, FL 33324**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARTEN, RICHARD 22799-G TRELAUNY TERR. BOCA RATON, FL 33433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, ROBERT 22799-D TRELAUNY TERR BOCA RATON, FL 33433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KRUGMAN, LENORE 6738 G MONTEGO BAY BLVD. BOCA RATON, FL 33433
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000410189
02/09/06-80026-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #