

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

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90057 029 ****61.25

DOCUMENT # N93000000922	
1. Entity Name EXCELLENTE VILLAGE CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US	Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US



DO NOT WRITE IN THIS SPACE



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0384326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAPLAN, LOUIS ESQ.
SACHS, SAX & KLEIN, P.A.
301 YAMATO RD., STE. 4150
BOCA RATON, FL 33431

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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 reinstating) DATE _____

**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	PD SHARE, SYD 5139-E EUROPA DRIVE BOYNTON BEACH, FL	BOKISH, GAIL 5107 E. EUROPA DR BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND BUNSON, JOSEPH 5139-E EUROPA DR BOYNTON BEACH, FL	5041 SPLENDIDO CMT. - D 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORMAN, STANLEY 5107-B EUROPA DR BOYNTON BEACH, FL	SHARE, SYD 5139 E EUROPA DR BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONDEY, AL 5131-K EUROPA DR BOYNTON BEACH, FL	33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SURGR BOKISH, GAIL 5107 E EUROPA DR. BOYNTON BEACH, FL 33437	JACOBSON, JACK 5115 EUROPA DR. APT E BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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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: *Jack Jacobson* JACK JACOBSON

2/2/06
Date

561-738-6765
Daytime Phone #