2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N95000002562

Entity Name: THE ARAGON CONDOMINIUM ASSOCIATION OF BOCA RATON, INC.

Current Principal Place of Business:

2494 SOUTH OCEAN BLVD.
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

21045 COMMERCIAL TRL
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 65-0651327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ISAACSON, WILLIAM
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 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:	S	( ) Delete
Name:	PERLIN, JAY	
Address:	2494 S OCEAN BLVD, # A-5	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	DP	( ) Delete
Name:	POSNER, SAMUEL	
Address:	2494 S. OCEAN BLVD K-4	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	VP	( ) Delete
Name:	ROSENFIELD, EDWARD	
Address:	2494 SOUTH OCEAN BLVD. A-2	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	D	( ) Delete
Name:	SMOLEY, IRA	
Address:	2494 S OCEAN BUD #A-3	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	T	( ) Delete
Name:	DICK, DAVID	
Address:	2494 S OCEAN BLVD, # A-10	
City-St-Zip:	BOCA RATON, FL 33432	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	POSNER, SAMUEL	
Address:	2494 S. OCEAN BLVD K-4	
City-St-Zip:	BOCA RATON, FL 33432	
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 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: SAMUEL POSNER PRES 04/21/2009

Electronic Signature of Signing Officer or Director — Date