


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90150 044 ****61.25

DOCUMENT # N96000003080

1. Entity Name
BOCA REAL VILLAS CONDOMINIUM ASSOCIATION, NO .
1



Principal Place of Business
 265 SW 7TH STREET APT #4
 BOCA RATON, FL 33432

Mailing Address
 500 NE SPANISH RIVER BLVD
 SUITE 18
 BOCA RATON, FL 33431

50012181



2. Principal Place of Business		3. Mailing Address		01052006	Chg-NP	CR2E037 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-1566734	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WILLIS, ERNEST W C/O BEACON PROPERTY MANAGEMENT, INC. 500 NE SPANISH RIVER BLVD #18 BOCA RATON, FL 33431				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

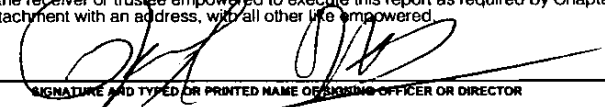
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARSENISON, TAMI			NAME	<i>McKenzie, John</i>		
STREET ADDRESS	225 SW 7TH STREET #2			STREET ADDRESS	<i>500 N.E. Spanish River Blvd. #18</i>		
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP	<i>Boca Raton, FL 33431</i>		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWITZ, DEBORAH			NAME			
STREET ADDRESS	265 SW 7TH STREET, #3			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33432			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUFF, GIRARD			NAME			
STREET ADDRESS	86 ELM STREET			STREET ADDRESS			
CITY-ST-ZIP	MAYVILLE, NY 14757			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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**

4/14/06 **361 750-0040** **Date** **Daytime Phone #**