


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90159 027 \*\*\*150.00

<b>DOCUMENT # P97000011945</b>	
1. Entity Name <b>BOCA-SCARSDALE REALTY, INC.</b>	

Principal Place of Business <b>6096 N.W. 24TH STREET BOCA RATON FL 33433</b>	Mailing Address <b>7121 Mallorca Crescent 6096 N.W. 24TH STREET BOCA RATON FL 33433</b>
---	--

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>7121 Mallorca Crescent</b> Suite, Apt. #, etc.	
City & State <b>Boca Raton Fla</b>		City & State <b>Boca Raton Fla</b>	
Zip <b>33433</b>	Country <b>US</b>	Zip <b>33433</b>	Country <b>US</b>



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>SUMMER, DONALD L 6096 NW 24TH ST BOCA RATON FL 33434</b>		7. Name and Address of New Registered Agent Name <b>Donald L Summer</b> Street Address (P.O. Box Number is Not Acceptable) <b>7121 Mallorca Crescent</b> City <b>Boca Raton</b> FL <b>33433</b>	
DONALD L SUMMER 7121 MALLORCA CRESCENT BOCA RATON, FL 33433			

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 *Donald L Summer* DATE 2/2/05

Signature, typed or printed name of registered agent and title if applicable (If Officer Registered Agent Signature required when appointing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - Z	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>DONALD L SUMMER 7121 MALLORCA CRESCENT BOCA RATON, FL 33433</b>		<b>Donald L Summer 7121 Mallorca Crescent Boca Raton Fla 33433</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: *Donald L Summer* DATE 2/2/05 *Per*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR