


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

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90213 026 \*\*\*\*61.25

DOCUMENT # 730766			
1. Entity Name BOCA LINDA NORTH ASSOCIATION, INC.			
Principal Place of Business 1271 NW 13TH ST SUITE 462 BOCA RATON, FL 33486 US		Mailing Address 500 N.E. SPANISH RIVER BLVD. SUITE #18 BOCA RATON, FL 33431 US	
2. Principal Place of Business c/o Benchmark Property mgmt Suite, Apt. #, etc. 7932 Wiles Road		3. Mailing Address c/o Benchmark Property mgmt Suite, Apt. #, etc. 7932 Wiles Road	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33067	Country USA	Zip 33067	Country USA
4. FEI Number 59-1918423		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIS, ERNEST 500 NE SPANISH RIVER BLVD STE 18 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name - Robert Burr, Esq. Street Address (P.O. Box Number is Not Acceptable) c/o Levine + Burr, Attorneys 2500 N. Military Trail, Suite 490 City: Boca Raton, FL FL Zip Code 33431	
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 <u>Robert B. Burr</u> (Robert B. Burr) 4-24-06 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPERO, ALDO SR 1201 NW 13ST, # B-325 BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Artur Amara 1291 NW 13 Street 453D. Boca Lahn FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAURICIO, LARA 1231 NW 13ST, # F-469 BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice president Alex Viqrio 1301 NW. 12th Avenue # 320 A. BOCA Lahn FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRUGER-ROBBINS, FRANK 1201 NW 13TH ST #426B BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joanne Barbero 1201 N.W. 13th Street # 323B Boca Raton FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAULKNER, CYNTHIA 1231 NW 13ST, # F-466 BOCA RATON, FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barbara Simmons 1231 N.W. 13th Street 468 F Boca Raton FL 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, BARBARA 1231 NW 13ST, # F-468 BOCA RATON, FL 33486 <input checked="" 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 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: <u>Barbara Simmons</u>		Date 2/28/06	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

60032901



ATTACHMENT

60032901

# 730766

**LEVINE AND BURR, ATTORNEYS**

**JAY STEVEN LEVINE, P.A.**

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2500 North Military Trail, Suite 490, Boca Raton, FL 33431 - (561) 999-9925 (561) 999-9958 Fax  
3300 PGA Boulevard, Suite 530, Palm Beach Gardens, FL 33410 - (561) 627-3585 (561) 627-0811 Fax  
Vero Beach - By Appointment Only  
e-mail - robertbburr@aol.com

*Jay Steven Levine, Esquire*  
*Robert B. Burr, Esquire*  
*Debbie Alspach, CLA*

Please reply to:  
Boca Raton, Florida

April 24, 2006

DIVISION OF CORPORATIONS  
P.O. BOX 6198  
TALLAHASSEE, FLORIDA 32314

**Re: 2006 Annual Report for BOCA LINDA NORTH ASSOCIATION, INC.**

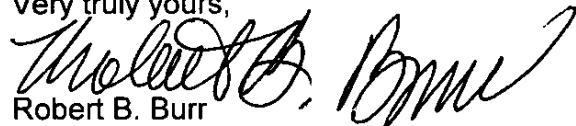
Dear Sir/Madam:

Our law firm represents the above referenced corporation. Enclosed please find the following:

1. Completed 2006 Annual Report
2. Check number 2153 in the amount of \$61.25

Please immediately file the 2006 Annual Report prior to the May 1, 2006 deadline. Thank you for your assistance.

Very truly yours,



Robert B. Burr  
For the Firm

Enclosures