NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706101

1. Corporation Name

THE ROGERS HOUSE CONDOMINIUM INCORPORATED

Principal Place of Business

Mailing Address

850 N.E. SPANISH RIVER BLVD. BOCA RATON FL 33431 850 N.E. SPANISH RIVER BLVD. BOCA RATON FL 33431

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90064 034 ****61.25

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, `	lace of Business 2a. Mailing Address				3. Date Incorporated or Qualifed 09/03/1963			
21	26				4. FEI Number	- Januara Far		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			59-1089521	Applied For		
22					39 1009321	Not Applicable		
City & State	ity & State City & State				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip					6. Election Campaign Financing	\$5.00 May Be		
24	25	29 30			Trust Fund Contribution	Added to Fees		
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
			81	Name				
MILEON C	MILESKI, GLADYS			Chanal	Address (P.O. Box Number is Not Acceptable)			
				Street	Address (P.O. box Number is Not Acceptable)	,		
850 N.E. SPANISH RIVER BLVD			83					
BUCA HAI	TON FL 33431 / 15							
	建 、可以2000年代			City		EL 85 Zip Code		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	-named	corporation submits this statement for the purpos	e of changing its registered		
Pursuant to the provisions of Sections 617.1502 and 617.1508, Florida Statutes, the appointment as a pove-named corporation submits all statement of the purpose of changing to legistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agen	t signature re	equired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition		
NAME	KAPLAN, HARVEY		1.2 NAME			COKNECTION		
STREET ADDRESS	850 NE SPANISH RIVER BLVD.		1.3 STREET	ADDRESS		,		
]	BOCA RATON, FL 00000		1.4 CITY-S	1	BOCA RATON, FL 33431	•		
CITY-ST-ZIP	TD	☐ DELETE	2.1 TITLE	1-251	4	Change Addition		
i		<u></u>	2.2 NAME	[
NAME	PELISH, JAMES	- .	2.3 STREET	ADODECC				
STREET ADDRESS	850 NE SPANISH RIVER BLVD.	•		- 1	•			
CITY-ST-ZIP	BOCA RATON FL 33431	☐ DELETE	2.4 CITY-S 3.1 TITLE	1-ZIP	TD	Change		
ΠΙLE	D				12	,		
NAME .	MILESKI, GLADYS		3.2 NAME		•			
STREET ADDRESS	850 N.E. SPANISH RIVER BL		3.3 STREET		·			
CITY-ST-ZIP	BOCA RATON FL 33431		3.4. CITY-S	T-ZIP		Change Addition		
TITLE	PD	☐ DELETE	4.1 TITLE					
NAME	BRADY, JOHN A		4.2 NAME	1	·			
STREET ADDRESS	850 NE SPANISH RIVER BLVD.		4.3 STREET					
CITY-ST-ZIP	BOCA RATON, FL 00000 33431		4.4 CITY - S	r-ZiP		Channe Cindentin		
TITLE	 \$	☐ DELETE	5.1 TITLE			Change Addition		
NAME	SLINGO, JEAN		5.2 NAME					
STREET ADDRESS	850 NE SPANISH RIVER BLVD.		5.3 STREET		0			
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-S	r-ZIP	BOCA RATON, FL 33431	THO		
TITLE	VD . (2.3) (2.7)	☐ DELETE	6.1 TITLE	ļ	VD SALLY	Change Addition		
NAME	SALLY		6.2 NAME		ARNOUIL, SALLY 850 NE SPANISH RIVER BI	.vD.		
STREET ADDRESS	850 NE SPANISH RIVER BLVD		6.3 STREET	ADDRESS	ADU NE SERING! IN DICK.	,		
CITY-ST-ZIP	BOCA RATON FL 33431		6.4 CITY-ST	r-ZIP	BOCA RATON, FL 33431			

14. 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 annual report or suppliemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

561-367-6052

Daytime Phone #

CD2E037