

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710404 (5)

1. Corporation Name

BOCA VERDE EAST CONDOMINIUM, INC.



Principal Place of Business

**400 NE 20TH STREET
BOCA RATON FL 33431**

Mailing Address

**400 NE 20TH STREET
BOCA RATON FL 33431**

3. Date Incorporated or Qualified
02/21/1966

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-1213398

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISSLER, ALLENE
400 NE 20TH ST., D-116
BOCA RATON FL 33431**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 purpose of changing its registered office or registered 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RAMSLAND, ARNOLD	
STREET ADDRESS	400 NE 20 ST A207	
CITY - ST - ZIP	BOCA RATON, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BERGMEISTER, ROBERT	
STREET ADDRESS	400 NE C207	
CITY - ST - ZIP	BOCA RATON, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FISSLER, ALLENE	
STREET ADDRESS	400 NE 20TH ST D116	
CITY - ST - ZIP	BOCA RATON, FL 00000	
TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	TREGER, JENETTE	
STREET ADDRESS	400 NE 20TH ST #A208	
CITY - ST - ZIP	BOCA RATON, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIS, BETTY	
STREET ADDRESS	400 NE 20 A-110	
CITY - ST - ZIP	BOCA RATON, FL 00000	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, EDWARD	
STREET ADDRESS	400 NE 20 ST B202	
CITY - ST - ZIP	BOCA RATON, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	BIAIR, GARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		400 NE 20 ST C109	
1.3 STREET ADDRESS		Boca Raton, FL 33431	
1.4 CITY - ST - ZIP			
2.1 TITLE	PD		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	VPD	JULIANI, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		400 NE 20 ST D301	
4.3 STREET ADDRESS		Boca Raton, FL 33431	
4.4 CITY - ST - ZIP			
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	SD	SPRINGER, Wynn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		400 NE 20 ST C309	
6.3 STREET ADDRESS		Boca Raton, FL 33431	
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)