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Mar 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
400 NE 20TH STREET 400 NE 20TH STREET
BOCA RATON FL 33431 BOCA RATON FL 33431-6159

3. Date Incorporated or Qualified 02/21/1966 3a. Date of Last Report 02/16/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1213398	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name PETTIT, MARIE
82 Street Address (P.O. Box Number is Not Acceptable) 400 NE 20TH ST., B-212
83
84 City BOCA RATON FL 85 Zip Code 33431

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

Alleene H. Fissler
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/18/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BLAIR, GARY	
STREET ADDRESS	400 NE 20 ST, C109	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	PD	<input checked="" 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	VPD	<input type="checkbox"/> DELETE
NAME	JULIANI, JOHN	
STREET ADDRESS	400 NE 20TH ST, D301	
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	SD	<input type="checkbox"/> DELETE
NAME	SPRINGER, WYNN	
STREET ADDRESS	400 NE 20TH ST, C309	
CITY-ST-ZIP	BOCA RATON, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLAIR, GARY	
1.3 STREET ADDRESS	400 NE 20TH ST, C109	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PETTIT, MARIE	
2.3 STREET ADDRESS	400 NE 20TH ST., B212	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FISSLER, ALLENE	
3.3 STREET ADDRESS	400 NE 20TH ST, D116	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

Alleene H. Fissler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALLENE H. FISSLER 3/17/97
561-395-1478 Date

Daytime Phone # 0038578

CR2E037 (9/96)