


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1998   |  |    |   | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                             |  |
| DOCUMENT # 710404 (5)<br>1. Corporation Name<br>BOCA VERDE EAST CONDOMINIUM, INC.  |  |   |   |  |  |
| Principal Place of Business<br>400 NE 20TH STREET<br>BOCA RATON FL 33431   |  |   | Mailing Address<br>400 NE 20TH STREET<br>BOCA RATON FL 33431  |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country  |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country  |   | 3. Date Incorporated or Qualified<br>02/21/1966<br>4. FEI Number<br>59-1213398<br>Applied For<br>Not Applicable                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |   | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 9. Name and Address of Current Registered Agent<br>PETTIT, MARIE<br>400 NE 20TH ST., B-212<br>BOCA RATON FL 33431   |   |  |  |
| 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br>FL   |  | 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<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE   |  |   |   |  |  |
| 12. OFFICERS AND DIRECTORS   |  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |  |
| TITLE PD <input type="checkbox"/> DELETE<br>NAME BLAIR, GARY<br>STREET ADDRESS 400 NE 20TH ST., C-109<br>CITY-ST-ZIP BOCA RATON FL   |  |   | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP            |  |  |
| TITLE TD <input type="checkbox"/> DELETE<br>NAME PETTIT, MARIE<br>STREET ADDRESS 400 NE 20TH ST., B-212<br>CITY-ST-ZIP BOCA RATON FL   |  |   | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP            |  |  |
| TITLE VPD <input type="checkbox"/> DELETE<br>NAME FISSLER, ALLENE<br>STREET ADDRESS 400 NE 20TH ST., D-116<br>CITY-ST-ZIP BOCA RATON FL  |  |   | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP            |  |  |
| TITLE VPD <input type="checkbox"/> DELETE<br>NAME JULIANI, JOHN<br>STREET ADDRESS 400 NE 20TH ST, D301<br>CITY-ST-ZIP BOCA RATON, FL 00000   |  |   | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP            |  |  |
| TITLE SD <input type="checkbox"/> DELETE<br>NAME DAVIS, BETTY<br>STREET ADDRESS 400 NE 20 A-110<br>CITY-ST-ZIP BOCA RATON, FL 00000  |  |   | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP            |  |  |
| TITLE SD <input checked="" type="checkbox"/> DELETE<br>NAME SPRINGER, WYNN<br>STREET ADDRESS 400 NE 20TH ST, C309<br>CITY-ST-ZIP BOCA RATON, FL 00000  |  |   | 6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |  |  |
|  |  |   | SD<br>VOGEL, JOAN<br>400 NE 20TH ST., B305<br>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 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:

MARIE PETTIT RE Marie Pettit Pres. 3/23/98

561-338-6541

CR2E037 (10/97)