


FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 710404					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/21/1966 4. FEI Number 59-1213398 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	
9. Name and Address of Current Registered Agent T PETTIT, MARIE 400 NE 20TH ST., B-212 BOCA RATON FL 33431			10. Name and Address of New Registered Agent 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 617.0603, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME BLAIR, GARY STREET ADDRESS 400 NE 20TH ST., C-109 CITY-ST-ZIP BOCA RATON FL			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE TD NAME PETTIT, MARIE STREET ADDRESS 400 NE 20TH ST., B-212 CITY-ST-ZIP BOCA RATON FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VPD NAME FISSLER, ALLENE STREET ADDRESS 400 NE 20TH ST., D-116 CITY-ST-ZIP BOCA RATON FL			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE VPD NAME JULIANI, JOHN STREET ADDRESS 400 NE 20TH ST, D301 CITY-ST-ZIP BOCA RATON, FL 00000			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE SD NAME DAVIS, BETTY STREET ADDRESS 400 NE 20 A-110 CITY-ST-ZIP BOCA RATON, FL 00000			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE SD NAME VOGEL, JOAN STREET ADDRESS 400 NE 20TH ST B305 CITY-ST-ZIP BOCA RATON, FL 00000 33431			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Marie L. Pettit SIGNATURE REQUIRED: Marie L. Pettit 3/15/99 (561)338-6541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)