

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 # 719124 (0)
1. Corporation Name
BOUNDBROOK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **2601 FLA. MANGO ROAD WEST PALM BEACH FL 33406**
Mailing Address: **2601 FLA. MANGO ROAD WEST PALM BEACH FL 33406**

3. Date Incorporated or Qualified: **03/10/1970**
3a. Date of Last Report: **03/17/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-1377282**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23** City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

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

**VAN DER KLOOSTER, JOHN J.
2601 FLA. MANGO ROAD
WEST PALM BEACH FL 33406**

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: *John J. van der Klooster* (Signature typed or printed name of registered agent and filer if applicable) (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P <input type="checkbox"/> DELETE
NAME	ERIKSON, LLOYD
STREET ADDRESS	2650 BOUNDBROOK BLVD
CITY-ST-ZIP	W PALM BCH. FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KNEE, FLORENCE M.
STREET ADDRESS	2580 BOUNDBROOK BLVD
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	CARD, ALLEN
STREET ADDRESS	2650 BOUNDBROOK BLVD
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	GARNESEY, JANETTE
STREET ADDRESS	2540 BOUNDBROOK BLVD
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	MANCINI, DANIEL
STREET ADDRESS	2671 BOUNDBROOK BLVD
CITY-ST-ZIP	W PALM BCH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	FURANO, RUTH C.
STREET ADDRESS	2561 BOUNDBROOK BLVD
CITY-ST-ZIP	WEST PALM BEACH FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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 checked="" type="checkbox"/> Addition
3.2 NAME	D Jean Heselton
3.3 STREET ADDRESS	2650 Boundbrook Blvd.
3.4 CITY-ST-ZIP	W.Palm Beach, FL 33406
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD
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 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: *Lloyd Erikson Pres.* **1/30/96** **968-9888 office** **439-4202 home**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)