

FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

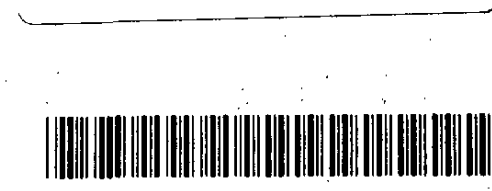
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719124
 1. Corporation Name
BOUNDBROOK CONDOMINIUM ASSOCIATION, 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/10/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1377282
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	Trust Fund Contribution

9. Name and Address of Current Registered Agent				81 Name	
ERIKSON, LLOYD C 2601 FLA. MANGO ROAD WEST PALM BEACH FL 33406				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIKSON, LLOYD		1.2 NAME	GARNSEY, JANETTE	
STREET ADDRESS	2650 BOUNDBROOK BLVD		1.3 STREET ADDRESS	2540 BOUNDBROOK BLVD.#101	
CITY-ST-ZIP	W PALM BCH. FL		1.4 CITY-ST-ZIP	W.PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNSEY, JANETTE		2.2 NAME	MANCINI, DANIEL	
STREET ADDRESS	2540 BOUNDBROOK BLVD.		2.3 STREET ADDRESS	2671 BOUNDBROOK BLVD.#110	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		2.4 CITY-ST-ZIP	W.PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JOHNNIE		3.2 NAME	FISHER, MARTHA	
STREET ADDRESS	2601 BOUND BROOK BLVD.		3.3 STREET ADDRESS	2528 Boundbrook Dr. S.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		3.4 CITY-ST-ZIP	W. PALM BEACH, FL 33406	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TR	<input type="checkbox"/> DELETE	4.1 TITLE		
NAME	MERCHANT, RUTH		4.2 NAME		
STREET ADDRESS	2534 BOUNDBROOK BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMERSALL, RICHARD		5.2 NAME		
STREET ADDRESS	2532 BOUNDBROOK BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33406		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCINI, DANIEL		6.2 NAME	FURANO, DONALD	
STREET ADDRESS	2671 BOUNDBROOK BLVD		6.3 STREET ADDRESS	2561 BOUNDBROOK BLVD. #209	
CITY-ST-ZIP	WEST PALM BEACH FL		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 617.0503, 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 empowers.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)

Janette K. Garnsey 1/4/99 642-5019
 Date Daytime Phone #