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13-3583-C

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:36

DOCUMENT # **721176** (6)

1. Corporation Name

BOCA REEF ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3051 S. OCEAN BLVD.
BOCA RATON FL 33432

3051 S. OCEAN BLVD.
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/16/1971

04/20/1994

4. FEI Number

Applied For

59-1383226

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

29

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL PROPERTY/MR. BRUCE CAMPBELL
1233 E. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP
NAME	STASIA HARRISON
STREET ADDRESS	3051 S OCEAN BLVD 202
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	TSD
NAME	FRIEND, LOIS
STREET ADDRESS	3051 S OCEAN BLVD 207
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	VP/DIR
NAME	JOAN NIERO
STREET ADDRESS	3051 S OCEAN BLVD 405
CITY - ST - ZIP	BOCA RATON, FL 00000
TITLE	VPD
NAME	FRISINA, WARREN
STREET ADDRESS	30515 OCEAN BLVD 705
CITY - ST - ZIP	BOCA RATON FL
TITLE	VP
NAME	ORLANDO, JOHN
STREET ADDRESS	3051 S OCEAN BLVD 502
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STASIA HARRISON	
1.3 STREET ADDRESS	3051 S. OCEAN BLVD 506	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33432	
2.1 TITLE	SECRETARY - DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOIS FRIEND	
2.3 STREET ADDRESS	3051 S. OCEAN BLVD 207	
2.4 CITY - ST - ZIP	BOCA RATON, FL 33432	
3.1 TITLE	VP - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOAN NIERO	
3.3 STREET ADDRESS	3051 S. OCEAN BLVD 405	
3.4 CITY - ST - ZIP	BOCA RATON, FL 33432	
4.1 TITLE	Pres. Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WARREN FRISINA	
4.3 STREET ADDRESS	3051 S. OCEAN BLVD 705	
4.4 CITY - ST - ZIP	BOCA RATON, FL 33432	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN ORLANDO	
5.3 STREET ADDRESS	3051 S. OCEAN BLVD. 502	
5.4 CITY - ST - ZIP	BOCA RATON, FL 33432	
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 as an attachment with an address.

SIGNATURE: *Joan L. Niero*

4.11.95

407.394-5625

SIGNATURE AND TYPED OR PRINTED NAME OF BOHNO OFFICER OR DIRECTOR

Date

Telephone Number