


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721176 (6)**  
1. Corporation Name  
**BOCA REEF ASSOCIATION, INC.**



Principal Place of Business <b>3051 S. OCEAN BLVD. BOCA RATON FL 33432</b>	Mailing Address <b>3051 S. OCEAN BLVD. BOCA RATON FL 33432</b>
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3. Date Incorporated or Qualified <b>06/16/1971</b>	
4. FEI Number <b>59-1383226</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 <b>1215 E. Hillsboro Blvd</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 <b>Deerfield Beach FL</b>
Zip 24	Country 25
	Zip 29 <b>33441</b>
	Country 30 <b>USA</b>

9. Name and Address of Current Registered Agent  
**CAMPBELL PROPERTY/MR. BRUCE CAMPBELL  
1233 E. HILLSBORO BLVD.  
DEERFIELD BEACH FL 33441**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CAROTHERS, WILLIAM</b>	
STREET ADDRESS	<b>3051 S OCEAN BLVD #107</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FREUND, LOIS</b>	
STREET ADDRESS	<b>3051 S OCEAN BLVD #708</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 00000</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>NICRO, JOAN</b>	
STREET ADDRESS	<b>3051 S OCEAN BLVD 405</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 00000</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FRISINA, WARREN</b>	
STREET ADDRESS	<b>3051 S OCEAN BLVD 705</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ORLANDO, JOHN</b>	
STREET ADDRESS	<b>3051 S OCEAN BLVD 502</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>BENNETT, CHARLES</b>	
2.3 STREET ADDRESS	<b>3051 S. OCEAN BLVD #302</b>	
2.4 CITY-ST-ZIP	<b>BOCA RATON, FLA. 33432</b>	
3.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>FERRO, JOHN</b>	
4.3 STREET ADDRESS	<b>3051 S. OCEAN BLVD #108</b>	
4.4 CITY-ST-ZIP	<b>BOCA RATON, FLA. 33432</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 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: *John Nicro* President 4.14.98

CR2E037 (10/97)