

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90128 004 ****61.25

0043589

DOCUMENT # 721427

1. Corporation Name

BOCA BAYOU CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2 ROYAL PALM WAY
BOCA RATON FL 33432

Mailing Address

2 ROYAL PALM WAY
BOCA RATON FL 33432

140000 - 30120 - 4



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/28/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1354735

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'ANNA, RONALD E
% MATTIN & MCCLOSKEY
2300 GLADES ROAD, SUITE 400
BOCA RATON FL 33431

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
P
MCNEIL, PETER
STREET ADDRESS
8 ROYAL PALM WAY
CITY-ST-ZIP
BOCA RATON FL 33432

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
V
LOOMIS, RICHARD
STREET ADDRESS
4 ROYAL PALM WAY
CITY-ST-ZIP
BOCA RATON FL 33432

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
T
GAZZETTA, PAUL
STREET ADDRESS
22 ROYAL PALM WAY
CITY-ST-ZIP
BOCA RATON FL 33432

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
GIATTINO, MARILYN
3.3 STREET ADDRESS
19 ROYAL PALM WAY
3.4 CITY-ST-ZIP
BOCA RATON, FL 33432

TITLE ☒ DELETE

NAME
SD
NEMZER, ROY
STREET ADDRESS
13 ROYAL PALM WAY
CITY-ST-ZIP
BOCA RATON FL 33432

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
SD
LEYY, RITA
4.3 STREET ADDRESS
4 ROYAL PALM WAY
4.4 CITY-ST-ZIP
BOCA RATON, FL 33432

TITLE ☐ DELETE

NAME
D
FAUGHNAN, TOM
STREET ADDRESS
1 ROYAL PALM WAY
CITY-ST-ZIP
BOCA RATON FL 33432

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

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

JAN 20, 1999 (561) 392-5540
Date Daytime Phone#

CR2E037 (1/1/98)