FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 28 PM 6:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726185 (2)

1. Corporation Name

BOCA CHASE PROPERTY OWNERS' ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
C/O SPECIALTY MGMT COMPANY 220 CONGRESS PARK DR. STE 200 DELRAY BCH FL 33445 US	C/O SPECIALTY MGMT COMPANY 220 CONGRESS PARK DR. STE 200 DELRAY BCH FL 33445 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1628171 ☐ Applied For ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WATSKY, MORRIS
700 NW 107 AVENUE
SUITE A
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: BOTIE, MAX
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~11185 RIOS RD.~~
BOCA RATON, FL.
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: Max Botie 4/19/95
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	PDT	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCDONALD, TAMMY	1.2 NAME	BOTIE, MAX	
STREET ADDRESS	1903 S. CONGRESS AVE.	1.3 STREET ADDRESS	11185 RIOS RD.	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	BOCA RATON, FL.	
TITLE	VD	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	BROWN, JEFF	2.2 NAME	NEMEROFF, GERALD	
STREET ADDRESS	1903 S. CONGRESS AVE.	2.3 STREET ADDRESS	18074 CLEARBROOK	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	BOCA RATON, FL.	
TITLE	SD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	DREWS, ROBERT	3.2 NAME	ESTES, BOB	
STREET ADDRESS	1903 S CONGRESS AVE	3.3 STREET ADDRESS	18065 GROVE PL.	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	~~BOCA RATON, FL.~~	
TITLE		4.1 TITLE	SD	☐ Change ☒ Addition
NAME		4.2 NAME	BROWN, PAM	
STREET ADDRESS		4.3 STREET ADDRESS	18232 181ST CIRCLE SOUTH	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL.	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Gerald J. Nemeroff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017493