FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 726185

(2)

BOCA CHASE PROPERTY OWNERS' ASSOCIATION, INCORPO RATED

RATED							
Principal Pl	ace of Businoss	Ma∃ing Address				<u> </u>	
220 CONGRESS PARK DR. STE 200 / 36 220 C DELRAY BCH FL 33445 DELRA		220 CONGRESS PARK DELRAY BCH FL 3344	O SPECIALTY MGMT COMPANY CONGRESS PARK DR. STE 200-/30 RAY BCH FL 33445		2 Data tassanda da Cara		
03					3. Date Incorporated or Qualified 04/20/1973	3a. Date of Las 04/28/	
	Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For
21 26 Suite, Apt. #, etc. Suite Apt. #, etc.					59-1628171	59-1628171 Not Applicat	
22 City & State		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
23	ta i e	City & State			6. Election Campaign Financing	\$5.0	00 May Be
Zip Country			Zip Country		TOSET WITO CONTINUATION	Add	ed to Fees
24	25 29		30			This corporation has liability for intangible tax under s. 199 032, Florida Statutes	
	Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regi		
			B1	Name		otorou Agont	
BOTIE	, MAX		82	Stroot	Address (P.O. Box Number is Not Acceptable)		
11185 RIOS RD.			02	30000	Address (m.o. box number is not acceptable)		
BOCA	RATON FL 33172		83				
•			84	City		85 Z	ip Code
11. Pursuar	it to the provisions of Sections 617,050	02 and 617,1508. Florida Statute	s, the above-	namori c	orporation submits this statement for the purpos	FL °° '	
or regis • familiar	tered agent, or both, in the State of Floi with, and accept the obligations of, Sec	rida. Such change was authorize	d by the corp	coration's	orporation submits this statement for the purpos board of directors. I hereby accept the appoint	e or changing its ment as registerer	registered office diagent. Lam
SIGNATURE		atalujes,				~	
	Signature, typed or printed name of registered ages	il and tile rapplicable (NO)	E: Rugistered Age	nt signature	required when reinstalling)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	PD	DELETE	1.1 TITLE		VD	Change	★ Addition
NAME	BOTIE, MAX		1.2 NAME		BIRENBACH, ANN		A. J
STREET ADDRESS	111001100110		13 STREE	ADDRESS	18065 107th AVE. SOUTH		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - S	T-ZIP	BOCA RATON, FL		
TITLE	TD	DELETE	2.1 TITLE		SD	Change	X Add tion
NAME	NEMEROFF, GERALD		2.2 NAME		OLEKSA, JAMES		
STREET ADDRESS	1007 I OELFRIDITOON		2.3 STREET	ADDRESS	18229 103rd TRAIL SOUTH	i	
CITY - ST - ZIP TITLE	BOCA RATON FL		2 4 CHTY-	ST-ZIP	BOCA RATON, FL		
NAME	VD POO	★ DELETE	3.1 117LE		D	Change	K Addition
	ESTES, BOB		3.2 NAME		CHEROF, JEAN		
STREET ADDRESS	18065 GROVE PLANE BOCA RATON FL		3 3 STREET		21370 SAWMILL COURT		
CITY-SI-ZIP TITLE		Concre	3.4. CITY- :	T-ZIP	BOCA RATON, FL		
NAME	SD Brown, Pam	DELETE	4 1 TITLE		D .	X Change	Addition
STREET ADORESS	•	ц	4. 2 NAME		BROWN, PAM		
CITY-ST-ZIP	18232 181ST CIRCLE SOUTI BOCA RATON FL	П	4.3 STREET	address	18232 181st CIRCLE SOUT	H	t
TITLE	DOOK INTONICE	DELETE	4.4 CITY - S	T-ZIP	BOCA RATON, FL		
NAME		Phereie	5.1 TITLE		D	Change	Addition
STREET ADDRESS			5.2 NAME		ROSENBLATT, JACK		
CITY-S1-ZIP			5.3 STREET	ADDRESS	10751 B. LADY PALM AVENUE	E	
TITLE		DELETE	5.4 CITY-S	- Z IP	BOCA RATON, FL		
NAME	1	[] Deterit			100001783	Change	Addition
STREET ADDRESS	1		6.2 NAME :		-04/17/9601022	032	ĺ
CITY-ST-ZIP			63 STREET	ADDRESS !	***61.25	0.00	

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:

Max 3 5717 Revillent 4-10-96 407 477-15799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date C Duylore Prioric Prioric