## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

BOCA CHASE PROPERTY OWNERS' ASSOCIATION, INCORPO

**FILED** May 20 1997 8:00am Secretary of State

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Principal					( 1001)1 (01)	. 12040 WILDI HUBE IVIDI V	rin Pipu BIBII BIBII	41411 PIB	ı, <b>Ç</b> rgal 1 <b>00</b>		
C/O SPEC PI 220 CONG 6	RIME MGMT GROUP, 300 PARK OF COMME OCA RATON, FL 33	INC. ERCE BLV 8487	ANY E 130								
US			,		3. Date Incorpor 04/20/1		3a. Date of 1	Last Ro 6/199		ĺ	
2. Principal Pi	ace of Business	2a. Mailing Address 26			4. FEI Number 59-1621	3171		ightarrow  ightarrow  ightarrow	olied For Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of	Status Desired	11 7-	.75 A	dditional julred		
City & State	State City & State			6. Election Campaign F Trust Fund Contribut			\$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip   Country   30				This corporation has liability for intangible tax under s. 199.032,     Florida Statutes					
	9, Name and Address of Current	Registered Agent			10. Name and A	ddress of New Re	gistered Agent				
			_	81 Name							
BOTIE, M			ţ	<b>62</b> Street	Address (P.O. Box Numb	er is Not Acceptab	ole)			ĺ	
11185 RI	OS RU. ATON FL 33172		ŀ	83							
DOOK IV	100112		}	84 City			85	Zip C	ode		
			- 1				- I-L I			ĺ	
11. Pursuant to office or reagent. Lar	to the provisions of Sections 617.0502 egistered agent, or both, in the State of familiar with, and accept the oblige	end 617.1508, Florida Statut of Florida. Such change was a tions of, <u>Section 61</u> 7.0503, Flo	es, the ab authori≱ed orida Statu	ove-named I by the cou utes.	corporation submits this poration's board of direct	statement for the pors. I hereby accep	ourpose of chan of the appointm / / / 9	ging its ent as r	registered egistered		
	Signalure, typed or printed name of registered ager				e required when reinstaling)		DATE			ĺ	
12.	OFFICERS AND		13.	A Brain eighnin		HANGES TO OFFIC		CTORS	S IN 12	6	
TITLE	PD	DELETE	1.1 111	LE	/ IDDITION COPO	1111020 10 01112		hange	Addition	90/0	
NAME	BOTIE, MAX		1.2 NA	ME					!	~	
STREET ADDRESS	11185 RIOS RD		1.3 \$1	REET ADDRESS						3	
CITY-ST-ZIP	BOCA RATON FL	<u>-</u>	1.4 CI	Y - ST - ZIP		, <u></u>				3	
TITLE	TD	☐ DELETE	2.1 7(1	LE				hange	☐ Addition	C	
NAME	NEMEROFF, GERALD		2.2 NA	ME							
STREET ADDRESS	18074 CLEARBROOK		2.3 \$11	REET ADDRESS						ĺ	
CITY-ST-ZIP	BOCA RATON FL			TY-ST-ZIP							
TITLE	VD	• DELETE	3.1 TIT		VICE Presio		E C	hange	■ Addition		
NAME	BIRENBACH, ANN		3.2 NA		Jerry Poll	ack by	i al A			ŀ	
STREET ADDRESS	18065 107TH AVE S		1	reet address	1 0 1 9 1	dy Palm	NOO IV				
CITY-ST-ZIP	BOCA RATON FL	Driese		IY-SI-ZIP	120ca Katon		198		T Address	ļ	
TITLE	SDOWN DAM	☐ DELETE	4.1 7(7		Sercretar	JK 40	LLANGE	nange	Addition		
NAME	BROWN, PAM		4. 2 NA		James 01	and Train	1 8.				
STREET ADDRESS	18232 181ST CIRCLE SOUTH			REE1 ADDRESS	1 4 75 6	3rd Trai	498				
CITY-ST-ZIP TITLE	BOCA RATON FL	☐ DELETE	4.4 CH 5.1 T(T	Y-ST-ZIP	boco Rota	3/1-1-32	7710 1270	hanne	Addition	1	
NAME	D BDOWAL DAM		5.2 NA		Am BIY	enbach	·	nanys	☐ Addition	İ	
STREET ADDRESS	BROWN, PAM 18232 181ST CIR S			me Ree1 address	18065 10	7th Ave	S,			l	
i	BOCA RATON FL			KEET ADDRESS Y-ST-ZIP	Boca Ra						
CITY-ST-ZIP TITLE	D DOCK PATON PL	DELETE	6.1 TIT		Birector	<del>&gt; 10/1 )                                     </del>	Пс	hange	Addition		
NAME	CHEROF, JEAN	m precit	6.7 NA			npbell					
STREET ADORESS	21370 SAWMILL CT			me Reet address	21270	MITTE	K CT.				
1	BOCA RATON FL		1	Y-ST-ZIP	Boca Rate	n. FI 33	498			1	
CITY-ST-ZIP	DOUR INTOK TL	201 1 202 1	64011	1-51-ZIP	Traces Date		1,10			Į	

I do hereby certify that the information supplied with this filling 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 trusted 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.

MAXIBOTIF