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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **728649** **(5)**

1. Corporation Name

BOCA PINAR CONDOMINIUM ASSN., INC.

Principal Place of Business	Mailing Address
4801 NW BOCA RATON BLVD. BOCA RATON FL 33431	4801 NW BOCA RATON BLVD. BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1654172 ☐ 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 / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SCHMIDT, DAVID W.
100 NE 5TH AVENUE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition PD
NAME	BOYLE, GEORGE	12 NAME	Hamill, Kathleen A
STREET ADDRESS	4601 NW BOCA RATON BLVD	13 STREET ADDRESS	~~4761 NW Boca Raton Blvd #311~~
CITY ST ZIP	BOCA RATON, FL 00000	14 CITY ST ZIP	
TITLE	TD	21 TITLE	☑ Change ☐ Addition TD
NAME	YENTZ, FRED	22 NAME	~~Boyle~~ Boyle, George
STREET ADDRESS	4601 NW BOCA RATON BLVD	23 STREET ADDRESS	
CITY ST ZIP	BOCA RATON, FL 00000	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	SHEDROFF, DAVID	32 NAME	
STREET ADDRESS	4661 NW BOCA RATON BLVD	33 STREET ADDRESS	Same
CITY ST ZIP	BOCA RATON, FL 00000	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☑ Change ☐ Addition VD
NAME	HAMILL, KATHLEEN	42 NAME	Dick Schmidt
STREET ADDRESS	4761 NW BOCA RATON BLVD	43 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	900001483219
STREET ADDRESS		53 STREET ADDRESS	-05/10/95--01107--002
CITY ST ZIP		54 CITY ST ZIP	****130.00 ****130.00
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	5/1/95
CITY ST ZIP		64 CITY ST ZIP	

Addres Same ↔ Form

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)(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: K A Hamill President 4/21/95 407-982-5424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0911804