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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(5)

BOCA PINAR CONDOMINIUM ASSN., INC.

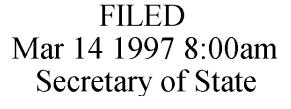
information indicated on this annual report or sup I am an officer or director of the corporation or the appears in Block 12 or Block 13 if changed, or or

Principal Place of Business

Mailing Address

4801 NW BOCA RATON BLVD.

4801 NW BOCA RATON BLVD.





BOCA RATON F	FL 33431	BOCA RATON FL 33431-4827								
						3. Date Incorporated or Qualified 01/23/1974	3a. Date 04	of Last R /04/19		
	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For		
21		26			59-1654172		No	t Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22		27				Of Commodic of States Booked		Fee Re	quired	
City & State	Э	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution	<u></u>	Added t	o Fees	
Zip	Country	Zip	\perp	Country		8. This corporation has liability for			. 199.032,	
24	25	29	30				_] Yes L!			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered Age	ent		
				81	lame					
SCHMIDT, DAVID W.					82 Street Address (P.O. Box Number is Not Acceptable)					
	5TH AVENUE		ob Salest rida				,			
DELRAY	BEACH FL 33483			83						
				00	Y4			- 1 7im /	Ondo	
				84 0	City		FL [']	35 Zip (Code	
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the	above-n	amed corp	oration submits this statement for the p	purpose of ch	anging it	s registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida Such change was	authori	ized by th	e corporati	ion's board of directors. I hereby acce	pt the appoin	tment as	registered	
agent. i a	m temiliar with, and accept the obliga	alions of, Section 617.0303, F	ionua s	statutes.						
SIGNATURE _	Signature, typod or printed name of registered age	ot and title it epolicable (NC	IL: Boois	tered Agent s	ionature require	ed when reinstating)	DATE			
12.	OFFICERS ANI			3.		ADDITIONS/CHANGES 10 OFFI	CERS AND D	RECTOR	IS IN 12	
TITLE	PD	DELETE	1.	.1 TITLE				Change	Addition	
NAME	PESCHL, ADRIAN		1	2 NAME				•		
STREET ADDRESS	4631 NW 2ND AVE			3 STREET ADD	IRESS					
	BOCA RATON, FL 00000									
CITY-ST-ZIP TITLE			_	.4 CITY-ST-Z .1 TITLE	r			Change	Addition	
NAME	LYON, STEPHANIE			2.2 NAME			_	, onango		
·	4731 NW 2ND AVE		2.3 STREET ADDRESS		20500					
STREET ADDRESS	* *									
CITY-ST-ZIP	BOCA RATON, FL 00000	☐ DELETÉ	_	2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition	
TITLE	_			1				1 Orange	Addition	
NAME	CAFASSO, MARGARET			2 NAME						
STREET ADDRESS	50 CHATHAM RD			3 STREET ADI						
CITY-ST-ZIP	HEWLETT L.	D por tre	_	4. CITY-ST-2	IP		——— <u>—</u>	Change	Addition	
TITLE	TD DUDGAN DAT	☐ DELETE		1 THLE			L	i change	L_J Addition	
NAME	DUGGAN, PAT			2 NAME	1					
STREET ADDRESS	4731 NW 2ND AVE		4	3 STREET ADI	DRESS					
CITY-ST-ZIP	BOCA RATON FL		_	4 CITY - ST - Z	IP .			1 &		
TITLE	D	☐ DELETE	5	.1 TITLE			L.	Change	Addition	
NAME	FURLONG, JUDITH		5	2 NAME						
STREET ADDRESS	4601 NW 2ND AVE		5	3 STREET ADI	DRESS					
CITY-ST-ZIP	BOCA RATON FL		5	4 CITY - ST - Z	IP					
TITLE	D	DELETE		6.1 TITLE				Change	Addition	
NAME	RIVANO, ANN		6	2 NAME						
STREET ADDRESS	4761 NW 2ND AVE	1	6	.3 STREET ADI	DRESS					
CITY-ST-ZIP	BOCA RATON FL	1	6	.4 CITY-ST-Z	iP					
14. I do herel	by certify that the information supplies	d with the fling does not mua	liv for t	he exemn	tion stated	in Section 119.07(3)(i), Florida Statute	es. I further ce	rtify that	the	
informatio	in indicated on this annual report or s fficer or director of the corporation or	supply friends armual report is the receiver or trustee empa	true ar wered	nd accurat to execute	e and that this repor	my signature shall have the same legates tas required by Chapter 617, Florida	al effect as if i Statutes; and	made un that my r	der oath; tha iame	