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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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.<br>BOCA RATON FL 33431 | 4801 NW BOCA RATON BLVD.<br>BOCA RATON FL 33431 |

3. Date Incorporated or Qualified: 01/23/1974

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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**

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 617.0502 and 617.1508, 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 617.0503, 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 | ☒ DELETE | 1.1 TITLE | VD | ☐ Change ☐ Addition |
| NAME | PESCHL, ADRIAN | | 1.2 NAME | LANGCHAG, CHARLES | |
| STREET ADDRESS | 4631 NW 2ND AVE | | 1.3 STREET ADDRESS | 4761 NW 2nd AVE | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | | 1.4 CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | VD | ☒ DELETE | 2.1 TITLE | SD | ☐ Change ☐ Addition |
| NAME | LYON, STEPHANIE | | 2.2 NAME | LYON, RAY | |
| STREET ADDRESS | 4731 NW 2ND AVE | | 2.3 STREET ADDRESS | 4731 NW 2nd AVE | |
| CITY-ST-ZIP | BOCA RATON, FL 00000 | | 2.4 CITY-ST-ZIP | BOCA RATON FL. | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | CAFASSO, MARGARET | | 3.2 NAME | | |
| STREET ADDRESS | 50 CHATHAM RD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HEWLETT L. | | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | DUGGAN, PAT | | 4.2 NAME | | |
| STREET ADDRESS | 4731 NW 2ND AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FURLONG, JUDITH | | 5.2 NAME | | |
| STREET ADDRESS | 4601 NW 2ND AVE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | D | ☐ Change ☐ Addition |
| NAME | RIVANO, ANN | | 6.2 NAME | BROWS, PAUL | |
| STREET ADDRESS | 4761 NW 2ND AVE | | 6.3 STREET ADDRESS | 4761 NW 2nd AVE. | |
| CITY-ST-ZIP | BOCA RATON FL | | 6.4 CITY-ST-ZIP | BOCA RATON FL. | |

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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:** Margaret M. Cafasso 2/27/98