FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB 15 PM 3:17

DOCUMENT # 740916 (2)

1. Corporation Name

BOCA HILLS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
340 NW 19TH ST. 201 BOCA RATON FL 33432	340 NW 19TH ST. 201 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1977
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-1880360 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

NOWLIN, JAMES W., JR.
50 SOUTHEAST FOURTH AVENUE
DELRAY BEACH FL

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	TUMBUSCH, SUSAN
STREET ADDRESS	340 NW 19TH ST 202
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	ST
NAME	AMANN, LOUISE
STREET ADDRESS	461 NE 42ND ST
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	PD
NAME	LEBLANC, JOSEPH M
STREET ADDRESS	340 NW 19TH ST 201
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	D
NAME	TOMAS, MANUAL
STREET ADDRESS	340 NW 19TH ST. #108
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	D
NAME	CIAMPI, MARGARET
STREET ADDRESS	340 NW 19TH ST 205
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	VD
NAME	HERBERT, DAN
STREET ADDRESS	398 GLOUCHESTER ST
CITY-ST-ZIP	BOCA RATON, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph M LeBlanc 2-7-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #