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 APR -3 PM 6:03

DOCUMENT # 748224 (3)

1. Corporation Name

BROOKWOOD OF BOCA WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O RESIDENTIAL MGT. CONCEPT. P.O. BOX 27-2310 BOCA RATON FL 33427	C/O RESIDENTIAL MGT. CONCEPT. P.O. BOX 27-2310 BOCA RATON FL 33427

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1979
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1927068 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RESIDENTIAL MANAGEMENT CORNCEPTS, INC.
6421 CONGRESS AVE., #100
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name: Residentiat Mgt Concepts
82 Street Address (P.O. Box Number is Not Acceptable): 23123 State Rd 7 #350A
83
84 City: BOCA RATON FL 85 Zip Code: 33428

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	~~VD~~	1.1 TITLE	SD ☑ Change ☐ Addition
NAME	~~MERRITT, IRA~~	1.2 NAME	Naama Wantall
STREET ADDRESS	~~19897 BOCA WEST DR #9222~~	1.3 STREET ADDRESS	19951 Boca West Dr #3133
CITY-ST-ZIP	~~BOCA RATON FL~~	1.4 CITY-ST-ZIP	Boca Raton, FL 33434
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	BARKAS, ARTHUR	2.2 NAME	
STREET ADDRESS	19915 BOCA WEST DR 3191	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	~~SD~~ VD	3.1 TITLE	VD ☑ Change ☐ Addition
NAME	SHERTER, SIDNEY	3.2 NAME	
STREET ADDRESS	19951 BOCA WEST DR #3131	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	ROTH, CHARLES	4.2 NAME	
STREET ADDRESS	19915 BOCA WEST DR #3192	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	~~D~~	5.1 TITLE	D ☑ Change ☐ Addition
NAME	~~LIEBERMAN, ROBERT~~	5.2 NAME	David Rutenberg
STREET ADDRESS	~~19915 BOCA WEST DR 3193~~	5.3 STREET ADDRESS	53 Holtham Rd
CITY-ST-ZIP	~~BOCA RATON FL~~	5.4 CITY-ST-ZIP	Montreal, Quebec Canada H3X3W8
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

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