

# FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>	 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748224 (3)**

1. Corporation Name

**BROOKWOOD OF BOCA WEST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**R.M.C.**

**P.O. Box 97-0069**

**C/O RESIDENTIAL MGT. CONCEPT,**  
**P.O. BOX 272310**

**23123 State Rd #7**

**C/O RESIDENTIAL MGT. CONCEPT**

**P.O. BOX 272310**

**BOCA RATON FL 33427**

**Suite 350A**

**BOCA RATON FL 33427**

**Boca Raton, FL**

**33428**



3. Date Incorporated or Qualified  
**07/27/1979**

3a. Date of Last Report  
**04/03/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-1927068**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 23123 St Rd 7, Ste 350A**

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**\$5.00 May Be Added to Fees**

City & State

City & State

23

28

6. Election Campaign Financing  
 Trust Fund Contribution ☐

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARY PALOMBI**  
**RESIDENTIAL MGT. CONCEPTS**  
**23123 STATE RD 7 #350A**  
**BOCA RATON FL 33428**

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 617.0501, Florida Statutes.

SIGNATURE

**Gary Palombi**

**March 22, 1996**

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WARTELL, NORMA</b>	
STREET ADDRESS	<b>19951 BOCA WEST DR # 3133</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BARKAS, ARTHUR</b>	
STREET ADDRESS	<b>19915 BOCA WEST DR 3191</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHERTER, SIDNEY</b>	
STREET ADDRESS	<b>19951 BOCA WEST DR #3131</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROTH, CHARLES</b>	
STREET ADDRESS	<b>19915 BOCA WEST DR #3192</b>	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RETNBERG, DAVID</b>	
STREET ADDRESS	<b>53 HOLT HAM RD</b>	
CITY - ST - ZIP	<b>MONTREAL QU</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Judith Birnbaum</b>
4.3 STREET ADDRESS	<b>19897 Boca West Drive, # 3222</b>
4.4 CITY - ST - ZIP	<b>Boca Raton, FL 33434</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

**NORMA WARTELL**  
*Norma Wartell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Norma Wartell, Secretary**

**3/22/96**

**(407) 483-5213**

Date

Daytime Phone #

CR2E037 (12/95)