

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortherm</b> 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

**23123 ST RD 7  
SUITE 350A  
BOCA RATON FL 33428  
US**

Mailing Address

**23123 STATE RD #7  
SUITE 350A  
BOCA RATON FL 33428  
US**



3. Date Incorporated or Qualified **07/27/1979** 3a. Date of Last Report **04/02/1996**

2. Principal Place of Business 21 **23123 ST RD 7** 2a. Mailing Address 26 **PO Box 97-0069**

4. FEI Number **59-1927068** Applied For ☐ Not Applicable ☒

Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27

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

City & State 23 City & State 28 **Boca Raton, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip 24 **33428** Country 25 Country 29 **33497-0069** 30

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

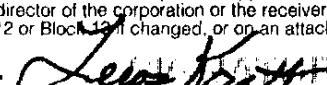
81 Name **Gary Palombi**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code **33428**

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b>	1.1 TITLE	<b>(D) Lewis Kravette</b>
NAME	<b>WARTELL, NORMA</b>	1.2 NAME	<b>19937 Boca West Dr. #3152</b>
STREET ADDRESS	<b>19951 BOCA WEST DR # 3133</b>	1.3 STREET ADDRESS	<b>Boca Raton FL 33434</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b>	2.1 TITLE	<b>(D) Arthur Schiff</b>
NAME	<b>BARKAS, ARTHUR</b>	2.2 NAME	<b>19951 Boca West Dr. #3124</b>
STREET ADDRESS	<b>19915 BOCA WEST DR 3191</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	
NAME	<b>SHERTER, SIDNEY</b>	3.2 NAME	
STREET ADDRESS	<b>19951 BOCA WEST DR #3131</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	4.1 TITLE	
NAME	<b>BIRNBAUM, JUDITH</b>	4.2 NAME	
STREET ADDRESS	<b>19897 BOCA WEST DRIVE # 3222</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>RETNBERG, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>53 HOLT HAM RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MONTREAL QU</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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:  **REQUIRED**

3-1-97

Date Days/Time Phone # 0078617

CR2E037 (9/96)