

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 749762 (1)

1. Corporation Name

THE CORNICHE CONDOMINIUM ASSOCIATION OF BOCA RATON, INC.



Principal Place of Business

Mailing Address

% ALLSTATE PROPERTY MGT. & REALTY, INC.
21000 BOCA RIO RD., SUITE A-9
BOCA RATON FL 33433-1505

BEACON PROPERTY MGMT
1 N OCEAN BLVD #7
BOCA RATON FL 33432
US

3. Date Incorporated or Qualified **11/13/1979** 3a. Date of Last Report **04/05/1995**

21	2. Principal Place of Business 277 N. Ocean Blvd.	26	2a. Mailing Address 500 E. Spanish River Blvd.	4.	FEI Number 59-1971293	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc. #18	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Boca Raton, FL.	28	City & State Boca Raton, FL.	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33432	25	Country	29	Zip 33431	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

BEACON PROPERTY MGMT
1 N OCEAN BLVD #7
BOCA RATON FL 33432

81 Name **Ernest W. Willis**
82 Street Address (P.O. Box Number is Not Acceptable)
Beacon Property Mgmt.
500 E. Spanish River Blvd. #18
83 City **Boca Raton** FL 85 Zip Code **33431**

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 *Ernest W. Willis* **Ernest W. Willis** 3-27-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STARK, G. RICHARD JR.	1.2 NAME	P.D.
STREET ADDRESS	1422 CENTRAL AVENUE	1.3 STREET ADDRESS	Jan Taylor
CITY-ST-ZIP	FORT DOGE IA	1.4 CITY-ST-ZIP	277 N. Ocean Blvd. #204, Boca Raton, FL.
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PPD	2.2 NAME	
STREET ADDRESS	DELUCA, MARISA	2.3 STREET ADDRESS	
CITY-ST-ZIP	277 N OCEAN BLVD #PH2	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOTZ, JACK	3.2 NAME	David Gerhardt
STREET ADDRESS	277 N. OCEAN BLVD., UNIT PH1	3.3 STREET ADDRESS	277 N. Ocean Blvd. #104, Boca Raton, FL.
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Jack Kotz Pres.* **Jack Kotz Pres.** 4-3-96 407-361-3021
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)