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**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

749762

(1)

THE CORNICHE CONDOMINIUM ASSOCIATION OF BOCA RAT ON, INC.

## **FILED** Apr 01 1997 8:00am Secretary of State



		<u>, , , , , , , , , , , , , , , , , , , </u>							
Principal Place	e of Business	Mailing Address				}	LIGI BEST BIS	*** ****** *****	#11 <b>#1#11 1##</b> 1
277 NORTH OCE		500 E. SPANISH R	IIVER BLVD						
BOCA RATON FL	L 33432	SUITE 18	00401.4660						
บร		US US	BOCA RATON FL 33431-4558 US			3. Date Incorporated or Qualified 11/13/1979		ate of Last R 04/08/19	
2. Principal Pla	ace of Business	2a. Mailing Addre	ess			4. FEI Number		Ar	plied For
21		26				59-1971293		No	t Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75 Fee Re	Additional equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23	·	28	<u></u>			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	<del></del>	Country		8. This corporation has liability for			. 199.032,
24	25	29	30				Yes [		
	9. Name and Address of Cu	irrent Hegistered Agent		81	Name	10. Name and Address of New Re	gistered	Agent	
				°'	Name				
BEACON PROPERTY MGMT ERNEST WILLIS			·		Street A	Address (P.O. Box Number is Not Acceptable)			
	PANISH RIVER BLVD 318			83					
	ATON FL 33431			84	Oib		<del></del>		0-4-
				84	City		FL	85 Zip	Code
11 Purcuant t	to the provisions of Sections 617	.0502 and 617.1508, Florid	la Statutes, th	he above	-named (	corporation submits this statement for the	purpose o	changing it	s registered
TIL TUISUAUR K	egistered agent, or both, in the S	State of Florida, Such chang	ge was autho 0503 Florida	orized by	the corp	corporation submits this statement for the oration's board of directors. I hereby acce	pt the app	ointment as	registered
office or re	m tamiliar with, and accont the c								
	m familiar with, and accept the o	boligations of, Section 617.0	osou, monda		•				
SIGNATURE	m familiar with, and accept the o						DATE		
SIGNATURE	Signature, typed or printed name of registere		(NOTE Reg			required when reinstating)  ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable.	(NOTE Reg	islared Agei		required when reinstating)		DIRECTOR	
SIGNATURE	Signature, typed or printed name of registere	ed agent and tille if applicable.	(NOTE Rep	pistered Ager 13,		required when reinstating) ADDITIONS/CHANGES TO OFFI			IS IN 12
SIGNATURE	Signature, typed or printed puris of registere OFFICERS	ed agent and tills II applicable.  S AND DIRECTORS  DEI	(NOTE Reg	pistered Age 13. 1.1 TUTLE	nt signature i	required when reinstating) ADDITIONS/CHANGES TO OFFI			
SIGNATURE 5  12. THUE NAME STREEL ADDRESS	Signature, typod or printed name of registere OFFICERS PD TAYLOR, JAN 277 NORTH OCEAN BLVI	ed agent and tills II applicable.  S AND DIRECTORS  DEI	(NOTE Reg	13, 1.1 TITLE 1.2 NAME 1.3 STREET	nt signature i	required when reinstating) ADDITIONS/CHANGES TO OFFI			
SIGNATURE	Signature, typed or printed name of registere OFFICERS PD TAYLOR, JAN	ed agent and tills II applicable.  S AND DIRECTORS  DEI	(NOTE Reg	13. 1.1 TITLE 1.2 NAME	nt signature i	required when reinstating) ADDITIONS/CHANGES TO OFFI			
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SIGNATURE  12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE	Signature, typod or printed name of registere OFFICERS PD TAYLOR, JAN 277 NORTH OCEAN BLVE BOCA RATON FL SD DELUCA, MARISA	ed agent and ville if applicable.  S AND DIRECTORS  DET  DET	(NOTE Rep	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADDRESS	ADDITIONS/CHANGES TO OFFI	CERS AND	Change	☐ Addition
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SIGNATURE  12.  THUE  NAME  STREEL ADDRESS  CITY-ST-ZIP  THILE  NAME  STREEL ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	Signature, typod or printed name of registere OFFICERS PD TAYLOR, JAN 277 NORTH OCEAN BLVE BOCA RATON FL SD DELUCA, MARISA 277 N OCEAN BLVD #PH BOCA RATON FL TD	ed agent and ville if applicable.  S AND DIRECTORS  DEI  DEI  #204	(NOTE Rep LETE LETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 2.4 CITY-S	ADDRESS T-ZIP ADDRESS	ADDITIONS/CHANGES TO OFFICE TD  SD Jeremy Blanton 277 N. Ocean Blvd. #20 Boca Raton, FL 33432	CERS AND	Change	Addition
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Daytime Phone # 0038733