

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



FLOIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

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DOCUMENT # **751147** (0)

1. Corporation Name  
**BOCA ROYAL PALM CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address

% MATTHEW CARDELLA  
16267 FIG WAY  
DELRAY BEACH FL 33484

% MATTHEW CARDELLA  
16267 FIG WAY  
DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/21/1980** 3a. Date of Last Report **07/29/1994**

4. FEI Number **59-2419777** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

CARDELLA, MATTHEW  
16267 FIG WAY  
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City **FL** 05 Zip Code

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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGUI, DON	1.2 NAME	
STREET ADDRESS	P.O. BOX 3451 NA	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOTOBEK, TOM	2.2 NAME	T D
STREET ADDRESS	1038 RUSSELL BR	2.3 STREET ADDRESS	MATT CARDELLA
CITY - ST - ZIP	HIGHLAND BEACH FL	2.4 CITY - ST - ZIP	16267 FIG WAY DELRAY BEACH, FL 33484
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLDEN, ELIZABETH	3.2 NAME	S
STREET ADDRESS	382 E. ROYAL PALM ROAD #5	3.3 STREET ADDRESS	NANCY THOMAS
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	3398 LAKEVIEW DR. DELRAY BEACH, FL 33445
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDELLA, MATT	4.2 NAME	P D
STREET ADDRESS	16267 FIGWAY	4.3 STREET ADDRESS	PETE PETER Rowley
CITY - ST - ZIP	DELRAY BEACH FL	4.4 CITY - ST - ZIP	806 SW 2nd ST BOCA RATON, FL 33432
TITLE		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		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:  20 March 95 407-496-4235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR