

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90033 029 ****61.25

NON-PROFIT
 CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 751147

1. Corporation Name

BOCA ROYAL PALM CONDOMINIUM ASSOC.

Principal Place of Business

Mailing Address

382 E ROYAL PALM RD
 BOCA RATON, FL 33432 FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

FEI Number

Applied For

21 BOCA ROYAL PALM CO. ASSOC. 22 APT #9

BOCA ROYAL PALM COND. ASSOC. JIRINA HORAK

68-0172274

Not Applicable

22 APT #9

27 P.O. BOX 552

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

Not Applicable

23 BOCA RATON FL 33432

28 BOCA RATON

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

Not Applicable

24 33432 25 FL

29 33432 30 FL

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

Not Applicable

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHEW CARDEIA
 16267 FIG WAY
 DELRAY BEACH FL 33445

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 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

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	PRESIDENT <input type="checkbox"/> DELETE
NAME	JOHN CARTER
STREET ADDRESS	382 E ROYAL PALM RD APT 6
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE
NAME	TOM WOTOLEK
STREET ADDRESS	250 N.E SPANISH RIVER BLVD
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	TREASURER <input type="checkbox"/> DELETE
NAME	JIRINA HORAK
STREET ADDRESS	382 E ROYAL PALM RD APT 9
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	SECRETARY <input type="checkbox"/> DELETE
NAME	KATHY STAGGS
STREET ADDRESS	424 N.W. 14 ST
CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	ELIZABETH ALMEIDA <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	382 E ROYAL PALM RD APT 12
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

Jirina M. Horak
 JIRINA M. HORAK TREASURER

4/22/99 561 395 7592
 Date Daytime Phone #

CR2E034 (11/98)